

# INTERNATIONAL CORE VERBAL AUTOPSY FORM 2: DEATH OF CHILD AGED 29 DAYS TO UNDER 5 YEARS

Interviewer	<small>interviewe</small>	Date of interview	<small>date_inter</small>	<small>dd</small>	<small>mm</small>	<small>yyyy</small>	File number	<small>filenum</small>

**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. Informant identification and background information

### 1.1 Names of the informant

Firstname	<small>rfname</small>	Juokname	<small>rjname</small>	Lastname	<small>rlname</small>

### 1.2 Age in years (>14)

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

rage  
rage1

### 1.3 Sex of <NAME>

☐ M ☐ F

intsex

### 1.4 What is the Relationship of the respondent to the deceased?

☐ Biologicalmother ☐ Father ☐ GrandParent ☐ Aunt intrel

☐ Co-wife to mother ☐ Sibling ☐ Adoptive mother

☐ Other intrelloth

### 1.5 Availability?

☐ Present at the time of visit intav

☐ Absent at the time of visit, but can be contacted & visited

☐ Unavailable, impossible to contact

### 1.6 Participation

☐ Primary informant intpar

☐ Secondary informant who participated in the interview

☐ Present but did not participate ☐ Did not participate

## SECTION 2: BACKGROUND INFORMATION ON DECEASED

### 2.1 Before death was the deceased living for 4 months or more in Asembo, Gem or Karemo?

☐ Yes ☐ No ☐ <NAME> aged less than 4 months

☐ Don't know dss

### 2.2 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 ☐ NA mdss

### 2.3 If NO, did the deceased return to Asembo, Gem or Karemo just for burial?

☐ Yes ☐ No ☐ Don't know burial

### 2.3 Names of head of compound

Firstname	<small>fnamec</small>	Secondname	<small>jnamec</small>	Lastname	<small>lnamec</small>

### 2.4 Village,

### Compound,

### House

	<small>vill</small>	<small>comp</small>	<small>house</small>
0			(A) (K) (U)
1			(B) (L) (V)
2			(C) (M) (W)
3			(D) (N) (X)
4			(E) (O) (Y)
5			(F) (P) (Z)
6			(G) (Q)
7			(H) (R)
8			(I) (S)
9			(J) (T)

### 2.5 Permanent ID of the deceased child

	<small>permidvc</small>	<small>permidh</small>	<small>permidseq</small>
0		(A) (K) (U)	
1		(B) (L) (V)	
2		(C) (M) (W)	
3		(D) (N) (X)	
4		(E) (O) (Y)	
5		(F) (P) (Z)	
6		(G) (Q)	
7		(H) (R)	
8		(I) (S)	
9		(J) (T)	

### 2.6 Name of the deceased Child

Firstname	<small>dfname</small>	Juokname	<small>djname</small>	Lastname	<small>dlname</small>

## 2.7 Names of mother

[illegible]

## 2.8 Permanent ID of the deceased's mother

## 2.9 Child's sex

----- ☐ M ☐ F sex

**2.10** Child's date of birth (dd/mm/yyyy)

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 vedob

### 2.11 Date of death

----- day (dd) / month (mm) / year (yyyy) vedod

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

*If child <30 days old, record # days*

years		Months		Days		
0	<input type="text"/>	0	<input type="text"/>	0	<input type="text"/>	<i>veyears</i>
1	<input type="text"/>	1	<input type="text"/>	1	<input type="text"/>	<i>veyears1</i>
2	<input type="text"/>	2	<input type="text"/>	2	<input type="text"/>	<i>vemonths</i>
3	<input type="text"/>	3	<input type="text"/>	3	<input type="text"/>	<i>vemonths1</i>
4	<input type="text"/>	4	<input type="text"/>	4	<input type="text"/>	<i>vedays</i>
5	<input type="text"/>	5	<input type="text"/>	5	<input type="text"/>	<i>vedays1</i>
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"/>	

### SECTION 3 . PLACE AND CAUSE OF DEATH

### 3.1 Where did <NAME> die?

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

☐ Other (specify) 

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*placdoth*

☐ Dont Know

***If answered "At a health facility" in Q.3.1 above go to 3.2, else go to question 3.3***

### 3.2 Which health facility did <NAME>?

[illegible]

3.3 What do you think was the cause of death? (write exactly as the respondent tells you)

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3.4 Ask: Please tell me the history of events leading to the death of <NAME>

"I would like to ask some questions concerning 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"

## SECTION 4. ACCIDENTS AND INJURIES

4.1. Did the child have an injury including animal or insect bite, or an accident that resulted in his/her death (*be ne ohinyre e masira mar ndara, kata lee, kute makecho mokelo thoo ne*)? ☐ Injury ☐ Accident ☐ Neither injury or accident *inj*  
☐ Don't know

If the answer to 4.1 above is "Injury" or "Accident" go to question 4.1a

If the answer 4.1 above is "Neither Injury or accident" or "Don't know", fill in NA in 4.1.1 to 4.4 & go to Section 5 for symptoms concerning the mother

4.1.1 What kind of injury or accident? ☐ Transport accident (pedestrian) ☐ Transport (passenger)  
☐ Fall ☐ Drowning  
☐ Bite or sting ☐ Burn *tinj*  
☐ Sharp object (e.g. knife) ☐ Poisoning  
☐ Assault/abuse ☐ NA *tinjot*  
☐ Other (specify) 

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4.2 Was s/he injured intentionally by someone? ☐ Yes ☐ No ☐ DK ☐ NA *injty*

4.3 Was s/he accidentally poisoned (including alcohol)? ☐ Yes ☐ No ☐ DK *acp*

4.4 Did s/he commit suicide? ☐ Yes ☐ No ☐ DK *sui*

If injury or accident led to death go to other Evidence and Summary of details in Section 11, page 12

## SECTION 5. EVENTS DURING THE BIRTH OF A CHILD

5.1 Did the child's mother suffer from any of the following conditions (read options)?  
[i] Diabetes ☐ Yes ☐ No ☐ DK ☐ NA *motherDiab*  
[ii] TB ☐ Yes ☐ No ☐ DK ☐ NA *motherTB* (If yes, go to 5.2, else fill NA in 5.2 & go to Q5.5)  
[iii] HIV/AIDS ☐ Yes ☐ No ☐ DK ☐ NA *motherHIV* (If yes go to 5.3 and 5.4, else fill NA go to Q5.5)  
[iv] None ☐ None *none*  
(If mother had TB, ask)

5.2 Was the mother of the child diagnosed with TB during the last 2 years? ☐ Yes ☐ No ☐ DK ☐ NA *mottb*

(If mother had HIV, ask Q.5.3 & 5.4)

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

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

5.5 Did the mother have any antenatal care during her pregnancy? ☐ Yes ☐ No ☐ DK *vepregc*

5.6 Ask for children who are less than one Year only or else fill NA:

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

**SECTION 6. CHRONIC ILLNESS**

6.0 Did &lt;NAME&gt; suffer from any of the following illnesses? (read all options):

	Day	Months	Years	Duration
6.01 Heart disease ( <i>Tuo adundo</i> ) ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>ohea</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6.02 Diabetes ( <i>Tuo mar sukari</i> ) ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>diab</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6.03 Epilepsy ( <i>Ndulume</i> ) ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>epil</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6.04 TB ( <i>Ahonda mar kahera</i> ) ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tb</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6.05 HIV/AIDS ( <i>Ayaki</i> ) ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>hiv</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6.06 Leprosy ( <i>Dhoho, nyinyo, mbiko</i> ) ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>lep</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6.07 Asthma ( <i>Athma, Tuo mar thung'</i> ) ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>asth</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6.08 Cancer ( <i>Adhola [manie ich, manie thuno, mar del]</i> ) ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>can</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6.08.1 (If Yes to 6.08, ask:) What type of cancer? <input type="radio"/> Cervix <input type="radio"/> Breast <input type="radio"/> Prostate <input type="radio"/> Liver <span style="float:right">cantyp</span>				
<i>(adhola mar ang'o nee?)</i> ----- <input type="radio"/> Pancreas <input type="radio"/> Bone <input type="radio"/> Don't know <span style="float:right">cantypo</span>				
<input type="radio"/> Other, specify <input type="text"/>				
Day Months Years				
6.9 Did <NAME> suffer from any other chronic illness apart from those i have asked you about? <i>(Tuo moro amora mong'ere ni en ga godo e dende)</i>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK <i>odis</i>	<input type="radio"/> <i>odisDMY</i>
If "No" or "DK", go to Section 7.0 <i>spodis</i>				
6.9.1 (If Yes, ask:) Please specify:	<input type="text"/>			<input type="text"/>

**SECTION 7. SIGNS AND SYMPTOMS****7.01 At birth**

7.01.1 Was the child small at birth? ----- ☐ Yes ☐ No ☐ DK smallsiz

7.01.2 Was the child born premature? ----- ☐ Yes ☐ No ☐ DK premature

7.2.1 (If Yes ask:) How many months or weeks of pregnancy?

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

**7.02 Breastfeeding**

7.02 Was the child breast feeding? ----- ☐ Yes ☐ No ☐ DK brstfd

7.02.1 (If Yes ask:) Did the child stop just before death? ----- ☐ Yes ☐ No ☐ DK brstfdstop

**7.03 Fever**

7.03 Did <NAME> have fever (*Del maore*) ----- ☐ Yes ☐ No ☐ DK vesfev

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

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

7.03.2 (If Yes, ask:) the fever was ... ----- ☐ Continuous ☐ On and off ☐ DK tfe



**7.08 Vomiting**

7.08.1 Did <NAME> vomit (*Ng'ok*)? ----- ☐ Yes ☐ No ☐ DK *vom*

*If "No" or "DK", go to 7.09*

7.08.2 (If Yes, ask:) How long days did <NAME> have vomiting?

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

*dvom*
☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

*mvom*
☐ Dont Know *vomDMDK*

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

*If "No" or "DK", go to 7.09*

7.08.4 (If Yes, ask:) How long did <NAME> vomit blood?

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

*dbvom*
☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

*mbvom*
☐ Dont Know *bvomDMDK*

**7.09 Mass**

7.09.1 Did <NAME> have any mass in the abdomen (*Yamb ich madongo*)? ----- ☐ Yes ☐ No ☐ DK *abm*

*If "No" or "DK", go to 7.10*

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

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

*dabm*
☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

*mabm*
☐ Dont Know *abmDMDK*

**7.10 Abdominal distension**

7.10.1 Did <NAME> have distension of the abdomen (*Ich mokuot; Ich mochielore*)? --- ☐ Yes ☐ No ☐ DK *abd*

*If "No" or "DK", go to 7.11*

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

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

*dabd*
☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

*mabd*
☐ Dont Know *abdDMDK*
☐ More than 3 yrs

7.10.3 (If Yes, ask:) the distension started --- ☐ Suddenly within a few days ☐ Gradually over the weeks ☐ DK *tad*

**7.11 Diarrhea**

7.11.1 Did <NAME> have diarrhea (*diep/be ne odieo*)? ----- ☐ Yes ☐ No ☐ DK *diar*

*If "No" or "DK", go to 7.12*

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

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

*ddia*
☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

*mdia*
☐ Dont Know *diaDMDK*

7.11.3 Did <NAME> pass blood in stool (*Okone be neotimo remo*)? ----- ☐ Yes ☐ No ☐ DK *bts*

7.11.4 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*

**Diarrhea continued**

7.11.5 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*

7.11.6 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*

7.11.7 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*

7.11.8 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*

**7.12 Abdominal pains**

7.12.1 Did <NAME> have abdominal pain? (*ich makecho, kata malit*)----- ☐ Yes ☐ No ☐ DK *abp*

*If "No" or "DK", go to 7.13.*

7.12.2 (*If Yes, ask:*) For how long did <NAME> have abdominal pain?

☐ Days *dabp* 0 1 2 3 4 5 6 7 8 9 *dabp1* ☐ Months *mabp* 0 1 2 3 4 5 6 7 8 9 *mabp1* ☐ Dont Know *abpDMDK*

**7.13 Weight loss**

7.13.1 Had <NAME> lost weight before death (*Dhero; Del mogore*)?----- ☐ Yes ☐ No ☐ DK *low*

*If "No" or "DK", go to 7.14*

7.13.2 (*If Yes, ask:*) How long before death?

☐ Days 0 1 2 3 4 5 6 7 8 9 *dlow* ☐ Months 0 1 2 3 4 5 6 7 8 9 *mlow* ☐ Dont Know *lowDMDK*

**7.14 Mouth sore**

7.14.1 Did <NAME> have mouth sores (*Dhok mopudhore malit*)? ----- ☐ Yes ☐ No ☐ DK *msr*

*If "No" or "DK", go to 7.15*

7.14.2 (*If Yes, ask:*) How long did <NAME> have mouth sores?

☐ Days 0 1 2 3 4 5 6 7 8 9 *dmsr* ☐ Months 0 1 2 3 4 5 6 7 8 9 *mmsr* ☐ Dont Know *msrDMDK*

**7.15 Pallor**

7.15.1 Did <NAME> look pale (on fingers or feet) (*Bende nene kata lwetene kata lewe olokore marachar*) ----- ☐ Yes ☐ No ☐ DK *pal*

*If "No" or "DK", go to 7.16*

7.15.2 (*If Yes, ask:*) How long did <NAME> look pale?

☐ Days 0 1 2 3 4 5 6 7 8 9 *dpal* ☐ Months 0 1 2 3 4 5 6 7 8 9 *mpal* ☐ Dont Know *palDMDK*

**7.16 Face puffiness**7.16.1 Did <NAME> have puffiness of the face (*Wang' mayienyo*)? ----- ☐ Yes ☐ No ☐ DK *puf**If "No" or "DK", go to 7.17*7.16.2 (*If Yes, ask:*) How many days did the swelling last?

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Dont Know ☐ More than 3yrs

**7.17 Body Swelling**7.17.1 Did <NAME> have swelling of the whole body? ----- ☐ Yes ☐ No ☐ DK *swelb**If "No" or "DK", go to 7.18*7.17.2 (*If Yes, ask:*) How many days did the swelling last? (*98 if > 3 years for all the periods*)

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Dont Know ☐ More than 3 yrs

**7.18 Jaundice**7.18.1 Did <NAME>'s eye color change to yellow, jaundice, (*Wang' maratong*)? ----- ☐ Yes ☐ No ☐ DK *jau**If "No" or "DK", go to 7.19*7.18.2 If Yes, for how long? (*kane olokore maratong', kuom ndalo marom nadi*)

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Dont Know

**7.19 Oedema/swelling**7.19.1. Did <NAME> have ankle swelling  
*Show that part of the body (Tielo Mayienyo)?* ----- ☐ Yes ☐ No ☐ DK *saa**If "No" or "DK", go to 7.20.1*7.19.2 (*If Yes, ask:*) How long did <NAME> have the swelling ?

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Dont Know ☐ More than 3 yrs

7.20.1 Did <NAME> have swelling of the joints (*Fuonde nokuot*)?----- ☐ Yes ☐ No ☐ DK*If "No" or "DK", go to 7.21.1*7.20.2 (*If Yes, ask:*) How long did <NAME> have the swelling joints?

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Dont Know ☐ More than 3 yrs

**7.21 Swelling armpits**7.21.1 Did <NAME> have swelling in the armpit (*Awang' mach*)? ----- ☐ Yes ☐ No ☐ DK *swa**If "No" or "DK", go to 7.22.2*7.21.2 (*If Yes, ask:*) How many days did the swelling last?

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Dont Know ☐ More than 3yrs



**7.22 Measles**7.22.1 Did <NAME> have measles? ----- ☐ Yes ☐ No ☐ DK *meas**If "No" or "DK", go to 7.23*

7.22.2 (If Yes, ask:) How many days did s/he have measles?

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Dont Know ☐ More than 3yrs

**7.23 Skin diseases**7.23.1 Did <NAME> have any skin disease (*Bende pien dende ne nigí tuo moro amora*)? ----- ☐ Yes ☐ No ☐ DK *skind**If "No" or "DK", go to 7.24*

7.23.2 (If Yes, ask:) How long did &lt;NAME&gt;'s skin disease?

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Dont Know

**7.24 Chest Infections**7.24.1 Did <NAME> have repeated chest infections? ----- ☐ Yes ☐ No ☐ DK *chst**If "No" or "DK", go to 7.25*

7.24.2 (If Yes, ask:) How long did &lt;NAME&gt;'s chest infections?

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Dont Know

**7.25 Sleepyness**7.25.1 Was <NAME> unusually sleepy? ----- ☐ Yes ☐ No ☐ DK *slpy**If "No" or "DK", go to 7.26*

7.25.2 (If Yes, ask:) How long was &lt;NAME&gt; unusually sleepy?

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Dont Know

**7.26 Neck pain**7.26.1 Did <NAME> have neck pain (*ng'ut malit/remo*)? ----- ☐ Yes ☐ No ☐ DK *npa**If "No" or "DK", go to 7.27*

7.26.2 (If Yes, ask:) For how long did &lt;NAME&gt; have neck pain?

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Dont Know

**7.27 Headache**7.27.1 Did <NAME> have headache (*Wich bar*)? ----- ☐ Yes ☐ No ☐ DK *head**If "No" or "DK", go to 7.28*

7.27.2 (If Yes, ask:) For how long?

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

☐ Dont Know

**7.28 Body stiffness**

7.28.1 Did <NAME> develop stiffness of the whole body, before death ----- ☐ Yes ☐ No ☐ DK *stiffb*  
 (del motal, kapok otho)? *If "No" or "DK", go to 7.29*

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

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

*dstiffb* ☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

*mstiffb* ☐ Dont Know *stiffbDMDK*

**7.29 Level of consciousness**

7.29.1 Did <NAME> have loss of consciousness (*Bende ne pache la*)? ----- ☐ Yes ☐ No ☐ DK *lcsn*  
*If "No" or "DK", go to 7.30.*

7.29.2 (If Yes, ask) How long did <NAME> have loss of consciousness?

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

*dlcsn* ☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

*mlcsn* ☐ Dont Know *lcsnDMDK*

**7.30 Fits**

7.30.1 Did <NAME> have fits (*Talarieya*)? ----- ☐ Yes ☐ No ☐ DK *fit*

7.30.2 (If Yes, ask:) For how long did <NAME> have fits? *If "No" or "DK", go to 7.31*

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

*dfits* ☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

*mfits* ☐ Dont Know *fitsDMDK*

7.30.3 (If Yes, ask:) When it was severe, how many times did <NAME> have fits in a day? -----

0	1	2	3	4	5	6	7	8	9
<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"/>

*ffin* *ffin1*

**7.31 Paralysis**

7.31.1 Did <NAME> have paralysis ? ----- ☐ Yes, both legs only *par*

☐ Yes, one leg or arm

☐ Yes, total paralysis

☐ Yes, other, specify

☐ No

☐ DK

*If "No" or "DK", go to 7.32*

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

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

*dpar* ☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

*mpar* ☐ Dont Know *parDMDK*

**7.32 Urination**

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

*If "No" or "DK", go to 7.32.3*

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

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

*dupuri* ☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

*mupuri* ☐ Dont Know *upuriDMDK*

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

*If "No" or "DK", go to 7.33*

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

☐ Days 

0	1	2	3	4	5	6	7	8	9
<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"/>

*dblurin* ☐ Months 

0	1	2	3	4	5	6	7	8	9
<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"/>

*mblurin* ☐ Dont Know *blurinDMDK*

**7.33-5 Growth, HIV & TB**

**7.33** Was <NAME> growing normally for her/his age? ----- ☐ Yes ☐ No ☐ DK ☐ NA *grow*

**7.34** Was the child HIV infected? ----- ☐ Yes, HIV tested and positive *chiv*  
☐ Assumed HIV positive but not tested  
☐ Not HIV infected  
☐ DK

**7.35** Has any member of this household or a person caring for the child been diagnosed with TB during the last 2 years? ----- ☐ Yes ☐ No ☐ DK ☐ NA *tbcont*

**SECTION 8. TREATMENT****All Questions refer to the child's last illness**

**8.1.1** Was care sought outside the home while <NAME> had this illness? ----- ☐ Yes ☐ No ☐ DK *care*

*If "No" or "DK", go to section 9*

**8.1.2** (*If Yes, ask*) Where or from whom did you seek care?

[i] Traditional healer ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tha</i>	[vi] Nyamrerwa (TBA) ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tba</i>										
[ii] Government/mission health center/clinic ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>hce</i>	[vii] Private physician ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>prp</i>										
[iii] Pharmacy/drug seller ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>pds</i>	[viii] Bush doctor ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>bus</i>										
[iv] Government/mission/private hospital ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>gmh</i>	[ix] Others ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>otca</i>										
[v] Religious leader ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>rel</i>	[x] If others, specify <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <i>otcasp</i>										

**8.1.3** If answer is hospital, ask: Which Hospital(s)?

<input type="radio"/> Lwak	<input type="radio"/> Kisumu Provincial	<input type="radio"/> Nyawara <i>vechospital</i>										
<input type="radio"/> Bondo District	<input type="radio"/> Siaya District	<input type="radio"/> Yala										
<input type="radio"/> Kisumu District	<input type="radio"/> Aluor	<input type="radio"/> Ngiya										
<input type="radio"/> Other	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <i>otvehosp</i>											

**8.1.4** How many nights in total did <NAME> spend in the hospital(s)? **days**

--	--	--	--	--	--	--	--	--	--

*vecarhpn*

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

**8.3** Did <NAME> receive any western drug during the illness? ----- ☐ Yes ☐ No ☐ DK *wesd*  
*If "No" or "DK", go to section 9*

**8.3.1** 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 -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	<i>mal</i>
[ii] Antibiotics -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	<i>bio</i>
[iii] Anti TB -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	<i>atb</i>
[iv] ARV's -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	<i>arv</i>
[v] Blood transfusion -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	<i>btr</i>

vetbna

8.3.2 If Anti TB, ASK: at which health facility did <NAME> collect TB drugs? (if not received in 8.3.1[iii] shade in NA) ☐ NA

Health facility	Response?	Health facility	Response?
[i] Akala	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tbhf1</i>	[viii] Bar-Olengo	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tbhf8</i>
[ii] Ndori	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tbhf2</i>	[ix] Ting'-Wang'i	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tbhf9</i>
[iii] Nyawara	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tbhf3</i>	[x] K'Otieno	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tbhf10</i>
[iv] Wagai	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tbhf4</i>	[xi] Ng'lya mission	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tbhf11</i>
[v] Aluor	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tbhf5</i>	[xii] Nyathengo	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tbhf12</i>
[vi] Njejra	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tbhf6</i>	[xiii] SDH Lwak	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tbhf13</i>
[vii] Rera	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tbhf7</i>	[xiv] Bondo DH	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>tbhf14</i>

8.3.3 (If anti-malarial drugs, ask:) Which anti-malarial drug did <NAME> receive? (if not received in 8.3.1[i] shade *antimna* in NA) (Use drug equivalence list: ANTI-MALVA ADULT v1) ----- ☐ NA

[i] Coartem	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>coart</i>	[iv]. Fansidar/SP/Falcidin	-- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>sp</i>															
[ii] Quinine	----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>qui</i>	[v] Amodiaquine/Camaquine	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>aq</i>															
[iii] Artusenate/ artemether/ other artemisinin	---- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>arts</i>	[vi] Chloroquine/malaraqin-	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <i>cq</i>															
[vii] Others, specify	-- <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>othantimal</i>																	

**SECTION 9.0 : OTHER EVIDENCE AND SUMMARY OF DETAILS****Death certificate**9.1 Was a death certificate issued? ----- ☐ Yes ☐ No ☐ DK *dcer*

If "No" or "DK", go to 9.2

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

9.1.2 (If Available, write down the cause of death stated on the death certificate)

Cause of Death \_\_\_\_\_

To be coded; Use PERCEIVEDVA-ADULT v1 -----

	0	1	2	3	4	5	6	7	8	9
	<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"/>	<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"/>

*dccod***Burial permit**9.2 Was a burial permit issued? ----- ☐ Yes ☐ No ☐ DK *veburpm*

If "No" or "DK", go to 9.3

9.2.1 (If Yes, ask:) Can I see the burial permit? ----- ☐ Yes,available ☐ Burialpermitnotavailable ☐ NA *veburse*9.2.2. Is the cause of death written on the burial permit? ☐ Yes ☐ No ☐ NA *vebpcdth*

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

Cause of Death \_\_\_\_\_

To be coded; Use PERCEIVEDVA-ADULT v1 -----

	0	1	2	3	4	5	6	7	8	9
	<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"/>	<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"/>

*bpcod*

**Post mortem result**9.3 Was a Post mortem done? ----- ☐ Yes ☐ No ☐ DK (If No or DK, go to 9.4) pm9.3.1 Was the cause of death revealed to you or ----- ☐ Yes ☐ No ☐ NA pmcd  
written on the PM report?

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

Cause of Death \_\_\_\_\_

To be coded; Use PERCEIVEDVA-ADULT v1 -----

	0	1	2	3	4	5	6	7	8	9
	<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"/>	<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"/>

pmcod

**MCH / ANC Card**9.4 Is MCH / ANC card available? ----- ☐ Yes ☐ No ☐ DK ☐ NA mch**Hospital prescription forms**9.5 Hospital prescription forms available? ----- ☐ Yes ☐ No ☐ DK ☐ NA hpr**Treatment cards**9.6 Treatment cards available? ----- ☐ Yes ☐ No ☐ DK ☐ NA tcd**Hospital discharge forms**9.7 Hospital discharge forms available? ----- ☐ Yes ☐ No ☐ DK ☐ NA (If "No" or "DK", go to 9.8) hdf

9.7.1 If Yes, write what is the Diagnosis on the hospital forms

Diagnosis \_\_\_\_\_

To be coded; Use PERCEIVEDVA-ADULT v1 -----

	0	1	2	3	4	5	6	7	8	9
	<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"/>	<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"/>

hdiag

9.8 Other hospital documents available? ----- ☐ Yes ☐ No ☐ DK ohd9.9 Laboratory/cytology results available? ----- ☐ Yes ☐ No ☐ DK lab9.10 Did a health care worker tell you the cause of death? ----- ☐ Yes ☐ No ☐ DK hccod

9.10.1 If Yes, What did s/he say?


10.0 Date form checked by VA Village Reporter Supervisor: 

dd
----

 / 

mm
----

 / 

yyyy
------

chkdate

10.1 Signature (please keep the signature within the box provided)

--

vrsupsign

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




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