Basse Health and Demographic Surveillance System

VERBAL AUTOPSY FOR CHILDREN

Death of a Child

Aged 4 weeks (29 days) to 14 years

Serial No.: |____|____|____|____|____|

Name of Deceased: _____

Individual ID: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|

VERBAL AUTOPSY FOR CHILDREN
DEATH OF A CHILD AGED 4 WEEKS (29 DAYS) TO 14 YEARS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 1. BASIC INFORMATION ABOUT THE INTERVIEW AND THE RESPONDENT		
2A120	Name of verbal autopsy interviewer: Surname _____ Name _____	
2A140	RECORD THE DATE OF INTERVIEW	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
2A130	RECORD THE TIME AT START OF INTERVIEW MORNING =1 EVENING=2	MORNING/EVENING ☐ HOUR ☐☐ MINUTES ☐☐
2A100	Name of verbal autopsy respondent Surname _____ Name _____	
2A110	What is your relationship to the deceased?	FATHER ☐ MOTHER ☐ SPOUSE ☐ SIBLING ☐ OTHER RELATIVE _____ (SPECIFY) ☐ NO RELATION ☐
2A115	Did you live with the deceased in the period leading to her/his death?	YES ☐ NO ☐
SECTION 2. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH		
1A100	What was the name of the deceased? Surname _____ Name _____	
1A110	Was the deceased female or male?	FEMALE ☐ MALE ☐
1A200	Is date of birth known?	YES ☐ NO ☐
1A210	When was the deceased born?	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
1A220	Is date of death known?	YES ☐ NO ☐
1A230	When did s/he die?	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
1A240 1A250	How old was the deceased when s/he died? IF AGE IS LESS THAN 1 YEAR RECORD IN MONTHS	AGE IN YEARS ☐☐ AGE IN MONTHS ☐☐
1A400	Was this a woman who died more than 42 days but less than 1 year after being pregnant or delivering a baby?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
1A500	What was her/his citizenship/nationality?	CITIZEN BY BIRTH NATURALIZED CITIZ. ALIEN DON'T KNOW
1A510	What was her/his ethnicity?	SARAHULE MANDINKA FULA OTHER (specify) _____
1A520	What was her/his place of birth? Locality (town, village) _____ Urban/Rural Other country	LOCALITY DON'T KNOW URBAN RURAL OTHER COUNTRY (specify) _____
1A530	What was her/his place of usual residence? Locality (town, village) _____ 4 Urban/Rural 5 Other country	LOCALITY DON'T KNOW URBAN RURAL OTHER COUNTRY (specify) _____
1A540	What was her/his place of normal residence 1 to 5 years before death? Locality (town, village) _____ Urban/Rural Other country	LOCALITY DON'T KNOW URBAN RURAL OTHER COUNTRY (specify) _____
1A550	Where did death occur? Locality (town, village) _____ Urban/Rural Other country	LOCALITY DON'T KNOW URBAN RURAL OTHER COUNTRY (specify) _____
1A560	What was the site of death?	HOSPITAL HEALTH CENTRE HOME OTHER (specify) _____ DON'T KNOW
1A600	What was her/his marital status?	NEVER MARRIED MARRIED/LIVING WITH A PARTNER WIDOWED DIVORCED SEPARATED DON'T KNOW
1A610	What was the date of marriage? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY MONTH YEAR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
1A630	What was the name of the mother? Surname _____ Name _____	
1A620	What was the name of the father? Surname _____ Name _____	
1A640	What was her/his highest level of schooling?	NO FORMAL EDUCATION ☐ PRIMARY ☐ SECONDARY ☐ HIGHER ☐ DON'T KNOW ☐
1A650	Was s/he able to read and write?	YES ☐ NO ☐ DON'T KNOW ☐
1A660	What was her/his economical activity status in year prior to death?	USUALLY ECONOMICALLY ACTIVE MAINLY EMPLOYED ☐ MAINLY UNEMPLOYED ☐ NOT ECONOMICALLY ACTIVE HOME-MAKER ☐ STUDENT ☐ PENSION ☐ OTHER (specify)_____ ☐ DON'T KNOW ☐
1A670	What was her/his occupation, that is, what kind of work did s/he mainly do?	_____ _____ _____
SECTION 3. DEATH REGISTRATION AND CERTIFICATION		
1A700	Death registration number	☐☐☐☐☐
1A710	Date of registration RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
1A720	Place where the death is registered: Locality (town, village) _____ Urban/Rural Name of local registrar Surname _____ Name _____	LOCALITY ☐☐☐ URBAN ☐ RURAL ☐ DON'T KNOW ☐
1A730	National identification number of deceased	☐☐☐☐☐☐

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DEATH OF A CHILD AGED 4 WEEKS TO 14 YEARS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH		
	Could you tell me about the illness/events that led to her his/death?	
	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT	
	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT	
SECTION 5. CONTEXT AND HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS		
	I would like to ask you some questions concerning the contexts and previously known medical conditions the deceased had; injuries and accidents that the deceased suffered; and signs and symptoms that the deceased had/showed when s/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the deceased had.	
3A100	Was there any diagnosis of Tuberculosis?	YES ☐ NO ☐ DON'T KNOW ☐
3A110	Was there any diagnosis of HIV/AIDS?	YES ☐ NO ☐ DON'T KNOW ☐
3A120	Did s/he have a recent positive test for Malaria?	YES ☐ NO ☐ DON'T KNOW ☐
3A130	Did s/he have a recent negative test for Malaria?	YES ☐ NO ☐ DON'T KNOW ☐
3A140	Was there any diagnosis of Measles?	YES ☐ NO ☐ DON'T KNOW ☐
3A150	Was there any diagnosis of High Blood Pressure?	YES ☐ NO ☐ DON'T KNOW ☐
3A160	Was there any diagnosis of Heart Disease?	YES ☐ NO ☐ DON'T KNOW ☐
3A170	Was there any diagnosis of Diabetes?	YES ☐ NO ☐ DON'T KNOW ☐
3A180	Was there any diagnosis of Asthma?	YES ☐ NO ☐ DON'T KNOW ☐
3A190	Was there any diagnosis of Epilepsy?	YES ☐ NO ☐ DON'T KNOW ☐
3A200	Was there any diagnosis of Cancer?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3A210	Was there any diagnosis of Chronic Obstructive Pulmonary Disease (COPD)?	YES ☐ NO ☐ DON'T KNOW ☐
3A220	Was there any diagnosis of Dementia?	YES ☐ NO ☐ DON'T KNOW ☐
3A230	Was there any diagnosis of Depression?	YES ☐ NO ☐ DON'T KNOW ☐
3A240	Was there any diagnosis of Stroke?	YES ☐ NO ☐ DON'T KNOW ☐
3A250	Was there any diagnosis of Sickle Cell disease?	YES ☐ NO ☐ DON'T KNOW ☐
3A260	Was there any diagnosis of Kidney disease?	YES ☐ NO ☐ DON'T KNOW ☐
3A270	Was there any diagnosis of Liver disease?	YES ☐ NO ☐ DON'T KNOW ☐
3A280	Did s/he die during the wet season?	YES ☐ NO ☐ DON'T KNOW ☐
3A290	Did s/he die during the dry season?	YES ☐ NO ☐ DON'T KNOW ☐
3A300	For how long was s/he ill before s/he died?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3A310	Did s/he die suddenly?	YES ☐ NO ☐ DON'T KNOW ☐

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NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**
SECTION 6. HISTORY OF INJURIES/ACCIDENTS		
3E100	Did s/he suffer from any injury or accident that led to her/his death?	YES ☐ NO ☐ DON'T KNOW ☐
3E110	Did s/he suffer from a road traffic accident?	YES ☐ NO ☐ DON'T KNOW ☐
3E120	Was s/he injured as a pedestrian/walking?	YES ☐ NO ☐ DON'T KNOW ☐
3E130	Was s/he injured as an occupant of a car vehicle?	YES ☐ NO ☐ DON'T KNOW ☐
3E140	Was s/he injured as an occupant of a bus/heavy transport vehicle?	YES ☐ NO ☐ DON'T KNOW ☐
3E150	Was s/he injured as a driver or passenger of a motorcycle?	YES ☐ NO ☐ DON'T KNOW ☐
3E160	Was s/he injured as a pedal cyclist?	YES ☐ NO ☐ DON'T KNOW ☐
3E170	Do you know anything about the counter-part that was hit during the road traffic accident?	YES ☐ NO ☐
3E200	Was it a pedestrian?	YES ☐ NO ☐ DON'T KNOW ☐
3E210	Was it a stationary object?	YES ☐ NO ☐ DON'T KNOW ☐
3E220	Was it a car vehicle?	YES ☐ NO ☐ DON'T KNOW ☐
3E230	Was it a bus or heavy transport vehicle?	YES ☐ NO ☐ DON'T KNOW ☐
3E240	Was it a motor cycle?	YES ☐ NO ☐ DON'T KNOW ☐
3E250	Was it a pedal cycle?	YES ☐ NO ☐ DON'T KNOW ☐
3E260	Was it something else?	YES (specify)_____ ☐ NO ☐ DON'T KNOW ☐
3E300	Was s/he injured in a non-road transport accident?	YES ☐ NO ☐ DON'T KNOW ☐
3E310	Was s/he injured in a fall?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3E320	Did s/he die of drowning?	YES ☐ NO ☐ DON'T KNOW ☐
3E330	Did s/he suffer from burns?	YES ☐ NO ☐ DON'T KNOW ☐
3E340	Did (s)he suffer from any plant/animal/insect bite or sting that led to her/his death?	YES ☐ NO ☐ DON'T KNOW ☐
3E400	Was it a dog?	YES ☐ NO ☐ DON'T KNOW ☐
3E410	Was it a snake?	YES ☐ NO ☐ DON'T KNOW ☐
3E420	Was it an insect?	YES ☐ NO ☐ DON'T KNOW ☐
3E500	Was s/he injured by a force of nature?	YES ☐ NO ☐ DON'T KNOW ☐
3E510	Was there any poisoning?	YES ☐ NO ☐ DON'T KNOW ☐
3E520	Was s/he subject to violence or assault?	YES ☐ NO ☐ DON'T KNOW ☐
3E530	Was the injury or accident intentionally inflicted by someone else?	YES ☐ NO ☐ DON'T KNOW ☐
3E600	Was s/he injured by a fire arm?	YES ☐ NO ☐ DON'T KNOW ☐
3E610	Was s/he injured from a stab, cut or pierce?	YES ☐ NO ☐ DON'T KNOW ☐
3E620	Was s/he injured by machinery?	YES ☐ NO ☐ DON'T KNOW ☐
3E630	Was s/he struck by an animal or object?	YES ☐ NO ☐ DON'T KNOW ☐
3E700	Do you think that s/he committed suicide?	YES ☐ NO ☐ DON'T KNOW ☐
	CHECK QUESTIONS 1A240 AND 1A250 FOR AGE AT DEATH: IF UNDER ONE YEAR ☐ ↓ IF ONE YEAR OR OLDER ☐ → JUMP TO SECTION 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 7. SYMPTOMS AND SIGNS NOTED DURING THE FINAL ILLNESS OF INFANTS		
3D190	Was the child born smaller than normal, weighing under 2.5 kg?	YES ☐ NO ☐ DON'T KNOW ☐
3D210	How many weeks was the pregnancy when the baby was born?	NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3D390	Did the child have bulging of the fontanelle?	YES ☐ NO ☐ DON'T KNOW ☐
3D400	Did the child have a sunken fontanelle?	YES ☐ NO ☐ DON'T KNOW ☐

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NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**
SECTION 8. SYMPTOMS NOTED DURING THE FINAL ILLNESS FOR ALL CHILDREN		
3D220	Did the child have any noticeable malformation?	YES ☐ NO ☐ DON'T KNOW ☐
3D240	Did the child have a swelling or defect on the back?	YES ☐ NO ☐ DON'T KNOW ☐
3D250	Did the child have a very large head?	YES ☐ NO ☐ DON'T KNOW ☐
3D260	Did the child have a very small head?	YES ☐ NO ☐ DON'T KNOW ☐
3B100	Did s/he have a fever?	YES ☐ NO ☐ DON'T KNOW ☐
3B110	For how long did s/he have a fever?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B120	Did s/he have night sweats?	YES ☐ NO ☐ DON'T KNOW ☐
3B130	Did s/he have a cough?	YES ☐ NO ☐ DON'T KNOW ☐
3B140	For how long did s/he have a cough?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B170	Did s/he make a whooping sound when coughing?	YES ☐ NO ☐ DON'T KNOW ☐
3B150	Was the cough productive with sputum?	YES ☐ NO ☐ DON'T KNOW ☐
3B160	Did s/he cough out blood?	YES ☐ NO ☐ DON'T KNOW ☐
3B180	Did s/he have any breathing problem?	YES ☐ NO ☐ DON'T KNOW ☐
3B190	Did s/he have fast breathing?	YES ☐ NO ☐ DON'T KNOW ☐
3B200	For how long did s/he have fast breathing?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B210	Did s/he have breathlessness?	YES ☐ NO ☐ DON'T KNOW ☐
3B220	For how long did s/he have breathlessness?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B230	Was s/he unable to carry out daily routine activities due to breathlessness?	YES ☐ NO ☐ DON'T KNOW ☐

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NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**
3B240	Was s/he breathless while lying flat?	YES NO DON'T KNOW
3B250	Did you see the lower chest wall/ribs be pulled in as the child breathed?	YES NO DON'T KNOW
3B260	Did s/he have noisy breathing (grunting or wheezing)? DEMONSTRATE	YES NO DON'T KNOW
3B270	Did s/he have severe chest pain?	YES NO DON'T KNOW
3B280	Did s/he have diarrhoea?	YES NO DON'T KNOW
3B290	For how long did s/he have diarrhoea?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B300	At any time during the final illness was there blood in the stools?	YES NO DON'T KNOW
3B310	Did s/he vomit?	YES NO DON'T KNOW
3B320	Did s/he vomit "coffee grounds" or bright red/blood?	YES NO DON'T KNOW
3B330	Did s/he have any abdominal problem?	YES NO DON'T KNOW
3B340	Did s/he have severe abdominal pain?	YES NO DON'T KNOW
3B350	For how long before death did s/he have severe abdominal pain?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B360	Did s/he have a more than usual protruding abdomen?	YES NO DON'T KNOW
3B370	For how long did s/he have a more than usual protruding abdomen?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B380	Did s/he have any lump inside the abdomen?	YES NO DON'T KNOW
3B390	For how long did s/he have the lump inside the abdomen?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B400	Did s/he have a severe headache?	YES NO DON'T KNOW
3B405	Did s/he have a stiff or painful neck?	YES NO DON'T KNOW
3B410	For how long did s/he have a stiff or painful neck?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B420	Did s/he have mental confusion?	YES NO DON'T KNOW

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NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**
3B430	For how long did s/he have mental confusion?	NUMBER OF DAYS ☐☐ NUMBER OF MONTHS ☐☐ DON'T KNOW ☐
3B440	Was s/he unconscious for more than 24 hours?	YES ☐ NO ☐ DON'T KNOW ☐
3B450	Did the unconsciousness start suddenly, quickly (at least within a single day)?	YES ☐ NO ☐ DON'T KNOW ☐
3B460	Did s/he have convulsions?	YES ☐ NO ☐ DON'T KNOW ☐
3B470	For how long did s/he have convulsions?	NUMBER OF MINUTES ☐☐ DON'T KNOW ☐
3B480	Did s/he became unconscious immediately after the convulsion?	YES ☐ NO ☐ DON'T KNOW ☐
3B490	Did s/he have any urine problems?	YES ☐ NO ☐ DON'T KNOW ☐
3B500	Did s/he pass no urine at all?	YES ☐ NO ☐ DON'T KNOW ☐
3B510	Did s/he go to urinate more often than usual?	YES ☐ NO ☐ DON'T KNOW ☐
3B520	During the final illness did s/he ever pass blood in the urine?	YES ☐ NO ☐ DON'T KNOW ☐
3B530	Did s/he have any skin problems?	YES ☐ NO ☐ DON'T KNOW ☐
3B540	Did s/he have any ulcers, abscess or sores anywhere except on the feet?	YES ☐ NO ☐ DON'T KNOW ☐
3B550	Did (s)he have any ulcers, abscess or sores on the feet that were not also on other parts of the body?	YES ☐ NO ☐ DON'T KNOW ☐
3B560	During the illness that led to death, did s/he have any skin rash?	YES ☐ NO ☐ DON'T KNOW ☐
3B570	For how long did s/he have the skin rash?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B580	Did s/he have measles rash?	YES ☐ NO ☐ DON'T KNOW ☐
3B590	Did s/he ever have shingles/herpes zoster?	YES ☐ NO ☐ DON'T KNOW ☐
3B600	Did s/he have bleeding from the nose, mouth, or anus?	YES ☐ NO ☐ DON'T KNOW ☐
3B610	Did s/he have noticeable weight loss?	YES ☐ NO ☐ DON'T KNOW ☐
3B620	Was s/he severely thin or wasted?	YES ☐ NO ☐ DON'T KNOW ☐

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NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**
3B630	Did s/he have mouth sores or white patches in the mouth or on the tongue?	YES ☐ NO ☐ DON'T KNOW ☐
3B640	Did s/he have stiffness of the whole body or was unable to open the mouth?	YES ☐ NO ☐ DON'T KNOW ☐
3B650	Did s/he have swelling (puffiness) of the face?	YES ☐ NO ☐ DON'T KNOW ☐
3B660	Did s/he have both feet swollen?	YES ☐ NO ☐ DON'T KNOW ☐
3B670	Did s/he have any lumps?	YES ☐ NO ☐ DON'T KNOW ☐
3B680	Did s/he have a lumps or lesions in the mouth?	YES ☐ NO ☐ DON'T KNOW ☐
3B690	Did s/he have any lumps on the neck?	YES ☐ NO ☐ DON'T KNOW ☐
3B700	Did s/he have any lumps on the armpit?	YES ☐ NO ☐ DON'T KNOW ☐
3B710	Did s/he have any lumps on the groin?	YES ☐ NO ☐ DON'T KNOW ☐
3B730	Did s/he have paralysis of one side of the body?	YES ☐ NO ☐ DON'T KNOW ☐
3B740	Did s/he have difficulty or pain while swallowing liquids?	YES ☐ NO ☐ DON'T KNOW ☐
3B750	Did s/he have yellow discoloration of the eyes?	YES ☐ NO ☐ DON'T KNOW ☐
3B760	Did her/his hair colour change to reddish or yellowish? .	YES ☐ NO ☐ DON'T KNOW ☐
3B770	Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?	YES ☐ NO ☐ DON'T KNOW ☐
3B780	Did s/he have sunken eyes?	YES ☐ NO ☐ DON'T KNOW ☐
3D270	Was the child not growing normally?	YES ☐ NO ☐ DON'T KNOW ☐
3B790	Did (s)he drink a lot more water than usual?	YES ☐ NO ☐ DON'T KNOW ☐
	CHECK QUESTIONS 1A110, 1A240 AND 1A250 FOR SEX AND AGE AT DEATH: IF FEMALE BETWEEN 12 - 14 YEARS ☐ ↓ IF MALE OR FEMALE UNDER 12 YEARS ☐ → JUMP TO SECTION 10	

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NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**
SECTION 9. SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY		
3C100	Was she neither pregnant, nor delivered, within 6 weeks of her death? **OR**	YES skip pregnancy section if YES ☐ NO ☐ DON'T KNOW ☐
3C110	Was she pregnant at the time of death? **OR**	YES ☐ NO ☐ DON'T KNOW ☐
3C120	Did she die within 6 weeks of giving birth? **OR**	YES ☐ NO ☐ DON'T KNOW ☐
3C130	Did she die within 6 weeks of a pregnancy that lasted less than 6 months?	YES ☐ NO ☐ DON'T KNOW ☐
3C200	Did she die within 24 hours after delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3C210	Did she die during labour, but undelivered?	YES ☐ NO ☐ DON'T KNOW ☐
3C220	Was she breastfeeding at death?	YES ☐ NO ☐ DON'T KNOW ☐
3C230	How many births, including stillbirths, did she have before this baby?	NUMBER OF BIRTHS/STILLBIRTHS ☐☐ DON'T KNOW ☐
3C240	Did she have any previous C-section?	YES ☐ NO ☐ DON'T KNOW ☐
3C250	Did she die during or after a multiple pregnancy?	YES ☐ NO ☐ DON'T KNOW ☐
3C260	During pregnancy, did she suffer from high blood pressure?	YES ☐ NO ☐ DON'T KNOW ☐
3C270	Did she have foul smelling vaginal discharge during pregnancy or after delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3C280	During the last 3 months of pregnancy, did she suffer from convulsions?	YES ☐ NO ☐ DON'T KNOW ☐
3C290	During the last 3 months of pregnancy, did she suffer from blurred vision?	YES ☐ NO ☐ DON'T KNOW ☐
3C300	Did she give birth to a live, healthy baby within 6 weeks of death?	YES ☐ NO ☐ DON'T KNOW ☐
3C310	Was there any vaginal bleeding during pregnancy or after delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3C320	Was there vaginal bleeding during the first 6 moths of pregnancy?	YES ☐ NO ☐ DON'T KNOW ☐
3C330	Was there vaginal bleeding during the last 3 months of pregnancy but before labour started?	YES ☐ NO ☐ DON'T KNOW ☐

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NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**
3C340	Was there excessive vaginal bleeding during labour?	YES ☐ NO ☐ DON'T KNOW ☐
3C350	Was there excessive vaginal bleeding after delivering the baby?	YES ☐ NO ☐ DON'T KNOW ☐
3C360	Was the placenta not completely delivered?	YES ☐ NO ☐ DON'T KNOW ☐
3C365	Did she deliver or try to deliver an abnormally positioned baby?	YES ☐ NO ☐ DON'T KNOW ☐
3C370	Was she in labour for unusually long (more than 24 hours)?	YES ☐ NO ☐ DON'T KNOW ☐
3C380	Did she attempt to terminate the pregnancy?	YES ☐ NO ☐ DON'T KNOW ☐
3C390	Did she recently have a pregnancy that ended in an abortion (spontaneous or induced)?	YES ☐ NO ☐ DON'T KNOW ☐
3C400	Did she give birth in a health facility?	YES ☐ NO ☐ DON'T KNOW ☐
3C410	Did she give birth at home?	YES ☐ NO ☐ DON'T KNOW ☐
3C420	Did she give birth elsewhere, e.g. on the way to a facility?	YES ☐ NO ☐ DON'T KNOW ☐
3C430	Did she receive professional assistance for the delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3C440	Did she have an operation to remove her uterus shortly before death?	YES ☐ NO ☐ DON'T KNOW ☐
3C450	Did she have a normal vaginal delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3C460	Did she have an assisted delivery, with forceps/vacuum?	YES ☐ NO ☐ DON'T KNOW ☐
3C470	Was it a delivery with caesarean section?	YES ☐ NO ☐ DON'T KNOW ☐
3C480	Was the baby born more than one month early?	YES ☐ NO ☐ DON'T KNOW ☐

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NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**
SECTION 10. TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS		
3G100	Was s/he adequately vaccinated?	YES NO DON'T KNOW
3G110	Did s/he receive any treatment for the illness that led to death?	YES NO DON'T KNOW
3G120	Did s/he receive oral rehydration salts?	YES NO DON'T KNOW
3G130	Did s/he receive (or needed) intravenous fluids (drip) treatment?	YES NO DON'T KNOW
3G140	Did s/he receive (or needed) a blood transfusion?	YES NO DON'T KNOW
3G150	Did s/he receive (or needed) treatment/food through a tube passed through the nose?	YES NO DON'T KNOW
3G160	Did s/he receive (or needed) injectable (IV or IM) antibiotics?	YES NO DON'T KNOW
3G170	Did s/he have (or needed) an operation for the illness?	YES NO DON'T KNOW
3G180	Did s/he have the operation within 1 month before death?	YES NO DON'T KNOW
3G190	Was s/he discharged from the hospital very ill?	YES NO DON'T KNOW
SECTION 11. BACKGROUND		
4A100	In the final days before death, did s/he travel to a hospital or health facility?	YES NO DON'T KNOW
4A110	Did s/he use motorised transport to get to the hospital or health facility?	YES NO DON'T KNOW
4A120	Were there any problems during admission to the hospital or health facility?	YES NO DON'T KNOW
4A130	Were there any problems with the way (s)he was treated (medical treatment, procedures, inter-personal attitudes, respect, dignity) in the hospital or health facility?	YES NO DON'T KNOW
4A140	Were there any problems getting medications, or diagnostic tests in the hospital or health facility?	YES NO DON'T KNOW
4A150	Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?	YES NO DON'T KNOW
4A160	In the final days before death, were there any doubts about whether medical care was needed?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
4A170	In the final days before death, was traditional medicine used?	YES ☐ NO ☐ DON'T KNOW ☐
4A180	In the final days before death, did anyone use a telephone or cell phone to call for help?	YES ☐ NO ☐ DON'T KNOW ☐
4A190	Over the course of illness, did the total costs of care and treatment prohibit other household payments?	YES ☐ NO ☐ DON'T KNOW ☐

5A100

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: **DATE:**