Study # 016 Plate # 301 Visit # 001

(7) SUBJECTID
Subject ID

(8) VISITDATE
Day *Month* *Year*
Date of Interview

Record the interview start time: (9) START_TIME *(24 hr clock)*

SECTION 1.1 – DEMOGRAPHIC INFORMATION

[Section 1.1 should be pre-filled using information from the DSS database. However, the interviewer must verify the information with the respondent and make appropriate corrections below. Discrepant information must then be resolved in the DSS database, and the corrected information sent to the DCC.]

1. Child's date of birth: (10) DATE_BIRTH
Day *Month* *Year*

2. Deceased child's gender: (11) GENDER 1 *Boy* 2 *Girl*

3. Date of child's death: (12) DATE_DEATH
Day *Month* *Year*

4. How old was the deceased when s/he died? Age: (13) AGE
(In months)

5. DSS ID Number: (14) DSS_ID

SECTION 1.2 – INTERVIEW STATUS

6. Final visit outcome: (15) OUTCOME

Visit Outcome Codes:

1 - Completed 2 - Not at home 3 - Postponed 4 - Refused 5 - Partly completed
6 - No appropriate respondent found 7 - Other, specify (16) OUTCOME_SPEC

[Note – If visit outcome code is 1 or 5, submit the total questionnaire to the DCC. For the rest of the visit outcome codes, stop here, sign & date, and submit page 1 to the DCC.]

Interviewer's Name _____ (17) INT_CODE
Staff code

Quality Control's Name _____ (18) QC_CODE
Staff code

(19) QC_DATE 2 0
Day *Month* *Year*

(7) SUBJECTID

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SECTION 2 – BASIC INFORMATION ABOUT RESPONDENT

7. Relationship of the respondent to the deceased:

(8) RELATION

1 Mother 2 Father 3 Sister 4 Brother
5 Grandmother 6 Grandfather 7 Aunt 8 Uncle
9 No relation 10 Other relation by blood or marriage, specify (9) RELATION_SPEC

8. Did you live with the deceased in the period leading to his/her death?

(10) LIVE_WITH
1 Yes 2 No

SECTION 3 – INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH

9. Where did s/he die?

(11) WHEREDIED
1 Hospital 2 Sentinel health facility (12) WHEREDIED_SFAC 3 Home
4 Other health facility, specify (13) WHEREDIED_OFAC 5 DK
6 Other, specify (14) WHEREDIED_SPEC

SECTION 4 – RESPONDENTS ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH

10. Could you tell me about the illness/events that led to her/his death:

(15) ILLNESS_DETAILS

11. Cause of death 1 according to respondent:

(16) CAUSE1

12. Cause of death 2 according to respondent:

(17) CAUSE2

(7) SUBJECTID

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SECTION 5 - HISTORY OF PREVIOUSLY DIAGNOSED MEDICAL CONDITIONS

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

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

	Yes	No	DK
a. Heart Disease (8) ILL_HEART	1	2	3
b. Diabetes (9) ILL_DIABETES	1	2	3
c. Asthma (10) ILL_ASTHMA	1	2	3
d. Epilepsy (11) ILL_EPILEPSY	1	2	3
e. Malnutrition (12) ILL_MALNUT	1	2	3
f. Cancer, (13) ILL_CANCER	1	2	3

type or site of cancer (14) ILL_CANCER_SPEC

g. Tuberculosis (15) ILL_TB	1	2	3
h. HIV/AIDS (16) ILL_AIDS	1	2	3
i. Other medically diagnosed illness (17) ILL_OTHER	1	2	3

specify the illness, (18) ILL_OTHER_SPEC

SECTION 6 - HISTORY OF INJURIES/ACCIDENTS

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

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

(19) INJURY_ACCIDENT

1 Yes 2 No 3 DK

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

(20) INJURY_TYPE

1 Road traffic accident 2 Fall 3 Drowning

4 Poisoning 5 Burns 6 Violence/assault

7 Other, specify (21) INJURY_TYPE_SPEC 8

(7) SUBJECTID

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b. Was the injury or accident intentionally inflicted by someone else?

(8) INJURY_INTENT
1 Yes 2 No 3 DK

15. Did s/he suffer from any animal/insect bite that led to her/his death?

[If 'yes', continue to Question 15a. If 'no' or 'DK', go to Question 16.]

(9) ANIMAL_BITE
1 Yes 2 No 3 DK

a. What type of animal/insect?

1 Dog
2 Snake
3 Insect
4 Other, specify (11) ANIMAL_BITE_SPEC
5 DK

(10) ANIMAL_BITE_TYPE

SECTION 7 - SIGNS AND SYMPTOMS NOTED DURING THE FINAL ILLNESS OF INFANT

[Complete this section only if child was < 1 year old. If child was ≥ 1 year old, go to Question 20.]

16. Was the child small at birth?

(12) SMALL_AT_BIRTH
1 Yes 2 No 3 DK

17. Was the child born prematurely?

(13) PREMATURE
1 Yes 2 No 3 DK

[If 'yes', continue to Question 17a.]

a. If yes, how many months or weeks along was the pregnancy?

INDICATE PERIOD OF PREGNANCY (14) PREG_MONS ___ *Months* (15) PREG_WKS ___ *Weeks* (16) PREG_TIME_DK 1 *DK*

18. Was the child growing normally?

(17) GROWING_NORM
1 Yes 2 No 3 DK

19. Did the child have bulging of the fontanelle?

(18) BULG_FONT
1 Yes 2 No 3 DK

[If 'yes', continue to Question 19a. If 'no' or 'DK', go to Question 20.]

a. For how many days before death did s/he have the bulging?

(19) BULG_DAYS ___ *Days* (20) BULG_DK 1 *DK*

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

20. How is the mother's health now?

(21) MOM_CUR_HEALTH
1 Healthy 2 Ill 3 Not alive 4 DK

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

(22) ILL_TIME_DAYS ___ *Days* (23) ILL_TIME_MONS ___ *Months* (24) ILL_TIME_DK 1 *DK*

(7) SUBJECTID

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22. Did s/he have a fever? (8) FEVER: 1 Yes 2 No 3 DK

[If 'yes', continue to Question 22a. If 'no' or 'DK', go to Question 23.]

a. For how long did s/he have a fever? (9) FEVER_DAYS ___ *Days* (10) FEVER_MONS ___ *Months* (11) FEVER_DK 1 *DK*
[Duration must be recorded in either days or months.]

b. Was the fever severe? (12) FEVER_SEVERE: 1 Yes 2 No 3 DK

c. Was the fever: (13) FEVER_CONT: 1 Continuous 2 On and off 3 DK

d. Did s/he have chills/rigor? (14) FEVER_CHILLS: 1 Yes 2 No 3 DK

23. Did s/he have a cough? (15) COUGH: 1 Yes 2 No 3 DK

[If 'yes', continue to Question 23a. If 'no' or 'DK', go to Question 24.]

a. For how long did s/he have a cough? (16) COUGH_DAYS ___ *Days* (17) COUGH_MONS ___ *Months* (18) COUGH_DK 1 *DK*
[Duration must be recorded in either days or months.]

b. Was the cough severe? (19) COUGH_SEVERE: 1 Yes 2 No 3 DK

c. Did the child vomit after s/he coughed? (20) COUGH_VOMIT: 1 Yes 2 No 3 DK

24. Did s/he have fast breathing? (21) FAST_BREATH: 1 Yes 2 No 3 DK

[If 'yes', continue to Question 24a. If 'no' or 'DK', go to Question 25.]

a. For how long did s/he have fast breathing? (22) FAST_BREATH_DAYS ___ *Days* (23) FAST_BREATH_DK 1 *DK*

25. Did s/he have difficulty in breathing? (24) DIFFICULT_BREATH: 1 Yes 2 No 3 DK

[If 'yes', continue to Question 25a. If 'no' or 'DK', go to Question 26.]

a. For how long did s/he have difficulty in breathing? (25) DIFFICULT_BREATH_DAYS ___ *Days* (26) DIFFICULT_BREATH_DK 1 *DK*

26. Did s/he have chest indrawing? (27) CHEST_INDRAW: 1 Yes 2 No 3 DK

[If 'yes', continue to Question 26a. If 'no' or 'DK', go to Question 27.]

a. For how long did s/he have chest indrawing? (28) CHEST_INDRAW_DAYS ___ *Days* (29) CHEST_INDRAW_DK 1 *DK*

27. Did s/he have noisy breathing (grunting or wheezing)? *[Demonstrate.]*

(30) NOISY_BREATH: 1 Yes 2 No 3 DK

28. Did s/he have flaring of the nostrils? (31) FLARING_NOSTRILS: 1 Yes 2 No 3 DK

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29. Did s/he have diarrhea? (8) DIARRHEA: 1 Yes 2 No 3 DK

[If 'yes', continue to Question 29a. If 'no' or 'DK', go to Question 30.]

a. For how long did s/he have diarrhea? (9) DIARRHEA_LEN_DAYS ___ *Days* (10) DIARRHEA_LEN_DK 1 *DK*

b. When the diarrhea was most severe, how many times did s/he pass stools in a day?

(11) STOOLS_DAY ___ *Number* (12) STOOLS_DAY_DK 1 *DK*

c. At any time during the final illness was there blood in the stool?

(13) STOOL_BLOOD: 1 Yes 2 No 3 DK

d. Do you think the child was dehydrated (use local terms) when s/he was having diarrhea?

(14) DEHYDRATED: 1 Yes 2 No 3 DK

e. Did s/he have sunken eyes? (15) SUNKEN_EYES: 1 Yes 2 No 3 DK

[If 'Yes', continue to Question 29f. If 'No' or 'DK', go to Question 29g.]

f. For how long did s/he have sunken eyes? (16) SUNKEN_EYES_DAYS ___ *Days* (17) SUNKEN_EYES_DK 1 *DK*

g. Did the child have wrinkled skin when s/he was ill with diarrhea?

(18) WRINKLED_SKIN: 1 Yes 2 No 3 DK

h. During the diarrheal episode, was the child given any fluids such as ORS?

(19) GIVEN_FLUID: 1 Yes 2 No 3 DK

30. Did s/he vomit? (20) VOMIT: 1 Yes 2 No 3 DK

[If 'yes', continue to Question 30a. If 'no' or 'DK', go to Question 31.]

a. For how long did s/he vomit? (21) VOMIT_DAYS ___ *Days* (22) VOMIT_DAYS_DK 1 *DK*

b. When the vomiting was most severe, how many times did s/he vomit in a day?

(23) VOMIT_TIMES ___ *Number of times per day* (24) VOMIT_TIMES_DK 1 *DK*

31. Did s/he have abdominal pain? (25) ABD_PAIN: 1 Yes 2 No 3 DK

[If 'yes', continue to Question 31a. If 'no' or 'DK', go to Question 32.]

a. For how long did s/he have abdominal pain? (26) ABD_PAIN_DAYS ___ *Days* (27) ABD_PAIN_MONTHS ___ *Months* (28) ABD_PAIN_DK 1 *DK*

b. Was the abdominal pain severe? (29) ABD_PAIN_SEVERE: 1 Yes 2 No 3 DK

32. Did s/he have abdominal distension? (30) ABD_DIST: 1 Yes 2 No 3 DK

[If 'yes', continue to Question 32a. If 'no' or 'DK', go to Question 33.]

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a. For how long did s/he have abdominal distension? (8) ABD_DIST_DAYS Days (9) ABD_DIST_MONS Months (10) ABD_DIST_DK [1] DK

[Duration must be recorded in either days or months.]

b. Did the distension develop rapidly within days or gradually over months?

(11) ABD_DIST_RAPID [1] Rapidly within days [2] Gradually over months [3] DK

33. Was there a period of a day or longer during which s/he did not pass any stool?

(12) NO_STOOL [1] Yes [2] No [3] DK

34. Did s/he have any mass in the abdomen? (13) ABD_MASS [1] Yes [2] No [3] DK

[If 'yes', continue to Question 34a. If 'no' or 'DK', go to Question 35.]

a. For how long did s/he have the mass in the abdomen? (14) ABD_MASS_DAYS Days (15) ABD_MASS_MONS Months (16) ABD_MASS_DK [1] DK

[Duration must be recorded in either days or months.]

35. Did s/he have headache? (17) HEADACHE [1] Yes [2] No [3] DK

[If 'yes', continue to Question 35a. If 'no' or 'DK', go to Question 36.]

a. For how long did s/he have headache? (18) HEADACHE_DAYS Days (19) HEADACHE_MONS Months (20) HEADACHE_DK [1] DK

[Duration must be recorded in either days or months.]

b. Was the headache severe? (21) HEADACHE_SEVERE [1] Yes [2] No [3] DK

36. Did s/he have a stiff or painful neck? (22) STIFF_NECK [1] Yes [2] No [3] DK

[If 'yes', continue to Question 36a. If 'no' or 'DK', go to Question 37.]

a. For how long did s/he have a stiff or painful neck? (23) STIFF_NECK_DAYS Days (24) STIFF_NECK_DK [1] DK

37. Did s/he become unconscious? (25) UNCONSCIOUS [1] Yes [2] No [3] DK

[If 'yes', continue to Question 37a. If 'no' or 'DK', go to Question 38.]

a. For how long was s/he unconscious? (26) UNCONSCIOUS_DAYS Days (27) UNCONSCIOUS_DK [1] DK

b. Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days?

(28) UNCONSCIOUS_SUDDEN [1] Suddenly [2] Fast (in a day) [3] Slowly (many days) [4] DK

38. Did s/he have convulsions? (29) CONVULS [1] Yes [2] No [3] DK

[If 'yes', continue to Question 38a. If 'no' or 'DK', go to Question 39.]

a. For how long did s/he have convulsions? (30) CONVULS_DAYS Days (31) CONVULS_MONS Months (32) CONVULS_DK [1] DK

[Duration must be recorded in either days or months.]

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39. Did s/he have paralysis of the lower limbs? (8) PARALYSIS 1 Yes 2 No 3 DK

[If 'yes', continue to Question 39a. If 'no' or 'DK', go to Question 40.]

a. How long did s/he have paralysis of the lower limbs?

(9) PARALYSIS_DAYS ___ *Days* (10) PARALYSIS_MONS ___ *Months* (11) PARALYSIS_DK 1 *DK*

[Duration must be recorded in either days or months.]

b. Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days: *(mark one)*

(12) PARALYSIS_SUDDEN 1 Suddenly 2 Fast (in a day) 3 Slowly (many days) 4 DK

40. Was there any change in the amount of urine s/he passed daily?

[If 'yes', continue to Question 40a. If 'no' or 'DK', go to Question 41.]

(13) URINE_CHANGE 1 Yes 2 No 3 DK

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

(14) URINE_CHANGE_DAYS ___ *Days* (15) URINE_CHANGE_MONS ___ *Months* (16) URINE_CHANGE_DK 1 *DK*

[Duration must be recorded in either days or months.]

b. How much urine did s/he pass?

(17) URINE_HOWMUCH 1 Too much 2 Too little 3 No urine at all 4 DK

41. During the illness that led to death, did s/he have any skin rash?

[If 'yes', continue to Question 41a. If 'no' or 'DK', go to Question 42.]

(18) RASH 1 Yes 2 No 3 DK

a. For how long did s/he have the skin rash?

(19) RASH_DAYS ___ *Days* (20) RASH_DAYS_DK 1 *DK*

b. Was the rash located on:

	Yes	No	DK
Face	(21) RASH_FACE 1	2	3
Trunk	(22) RASH_TRUNK 1	2	3
Arms & legs	(23) RASH_ARMLEG 1	2	3

c. What did the rash look like?

(24) RASH_LOOK 1 Measels rash 2 Rash with clear fluid 3 Rash with pus 4 DK

42. Did s/he have red eyes? (25) RED_EYES 1 Yes 2 No 3 DK

43. Did s/he have bleeding from the nose, mouth, or anus?

(26) BLEEDING 1 Yes 2 No 3 DK

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44. Did s/he have weight loss? (8) WEIGHTLOSS 1 Yes 2 No 3 DK

[If 'yes', continue to Question 44a. If 'no' or 'DK', go to Question 45.]

a. For how long before death did s/he have the weight loss?

(9) WEIGHTLOSS_DAYS ___ *Days* (10) WEIGHTLOSS_MONS ___ *Months* (11) WEIGHTLOSS_DK 1 *DK*

[Duration must be recorded in either days or months.]

45. Did s/he look very thin and wasted? (12) WASTED 1 Yes 2 No 3 DK

46. Did s/he have mouth sores or white patches in the mouth or on the tongue?

[If 'yes', continue to Question 46a. If 'no' or 'DK', go to Question 47.]

(13) MOUTH_SORES 1 Yes 2 No 3 DK

a. For how long did she have mouth sores or white patches in the mouth or on the tongue?

(14) MOUTH_SORES_DAYS ___ *Days* (15) MOUTH_SORES_DK 1 *DK*

47. Did s/he have any swelling? (16) SWELLING 1 Yes 2 No 3 DK

[If 'yes', continue to Question 47a. If 'no' or 'DK', go to Question 48.]

a. For how long did s/he have the swelling? (17) SWELLING_DAYS ___ *Days* (18) SWELLING_MONS ___ *Months* (19) SWELLING_DK 1 *DK*

[Duration must be recorded in either days or months.]

b. Was the swelling on:

	Yes	No	DK
Face	(20) SWELLING_FACE 1	2	3
Joints	(21) SWELLING_JOINTS 1	2	3
Ankles	(22) SWELLING_ANKLES 1	2	3
Whole body	(23) SWELLING_BODY 1	2	3
Any other place, specify (24) SWELLING_SPEC	(25) SWELLING_OTHER 1	2	3

48. Did s/he have any lumps? (26) LUMPS 1 Yes 2 No 3 DK

[If 'yes', continue to Question 48a. If 'no' or 'DK', go to Question 49.]

a. For how long did s/he have the lumps? (27) LUMPS_DAYS ___ *Days* (28) LUMPS_MONS ___ *Months* (29) LUMPS_DK 1 *DK*

[Duration must be recorded in either days or months.]

b. Were the lumps on:

	Yes	No	DK
Neck	(30) LUMPS_NECK 1	2	3
Armpit	(31) LUMPS_ARMPIT 1	2	3
Groin	(32) LUMPS_GROIN 1	2	3
Any other place, specify (33) LUMPS_SPEC	(34) LUMPS_OTHER 1	2	3

(7) SUBJECTID

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49. Did s/he have yellow discoloration of the eyes? (8) YELLOW_EYES 1 Yes 2 No 3 DK

[If 'yes', continue to Question 49a If 'no' or 'DK', go to Question 50.]

a. For how long did s/he have yellow discoloration of the eyes?

(9) YELLOW_EYES_DAYS ___ *Days* (10) YELLOW_EYES_MONS ___ *Months* (11) YELLOW_EYES_DK 1 *DK*

[Duration must be recorded in either days or months.]

50. Did his/her hair color change to reddish/yellowish? 1 Yes 2 No 3 DK (12) HAIR_CHANGE

[If 'yes', continue to Question 50a. If 'no' or 'DK', go to Question 51.]

a. For how long did s/he have reddish or yellowish hair?

(13) HAIR_CHANGE_DAYS ___ *Days* (14) HAIR_COLOR_MONS ___ *Months* (15) HAIR_COLOR_DK 1 *DK*

[Duration must be recorded in either days or months.]

51. Did s/he look pale (thinning/lack of blood) or have pale palms, eyes, or nail beds?

[If 'yes', continue to Question 51a. If 'no' or 'DK', go to Question 52.]

(16) PALE 1 Yes 2 No 3 DK

a. For how long did s/he look pale (thinning/lack of blood) or have pale palms, eyes, or nail beds?

(17) PALE_DAYS ___ *Days* (18) PALE_DK 1 *DK*

SECTION 9 - TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS

52. Was s/he vaccinated for measles? (19) VACCINATED 1 Yes 2 No 3 DK

53. Did s/he receive any treatment for the illness that led to death?

[If 'yes', continue to Question 53a. If 'no' or 'DK', go to Question 54.]

(20) TREATMENT 1 Yes 2 No 3 DK

a. List the drugs the s/he was given for the illness that led to death:
(Copy from prescription/discharge notes if available.)

(21) TREATMENT_LIST

b. What type of treatment did s/he receive? *[Mark one response for each 1- 4.]*

	Yes	No	DK	
1. Intravenous fluids (drip) treatment	1	2	3	(22) TRT_IV
2. Blood transfusion	1	2	3	(23) TRT_TRANSFUSION
3. Treatment/food through a tube passed through the nose	1	2	3	(24) TRT_NOSETUBE
4. Other treatment, specify (25) TRT_SPEC	1	2	3	(26) TRT_OTHER

c. Please tell me which of the following places/facilities s/he received treatment during the illness that led to death: *[Mark one response for each 1 - 8. If any of the questions 53c3 - 53c8 are 'yes', continue to question 53d. If all responses are 'no' or 'DK', go to question 54.]*

	YES	NO	DK	
1. Home	1	2	3	(8) TRT_HOME
2. Traditional healer	1	2	3	(9) TRT_HEALER
3. Government clinic	1	2	3	(10) TRT_GOV_CLINIC
4. Government hospital	1	2	3	(11) TRT_GOV_HOSPITAL
5. Private clinic	1	2	3	(12) TRT_PVT_CLINIC
6. Private hospital	1	2	3	(13) TRT_PRIV_HOSP
7. Pharmacy, drug seller, store	1	2	3	(14) TRT_PHARMACY
8. Any other place or facility,	1	2	3	(15) TRT_OTHER_FAC

specify (16) TRT_OTHER_SPEC

d. How many days after the illness started was care at a medical facility sought?

(17) SEEKCARE_DAYS ___ *Days* (18) SEEKCARE_DK [1] *DK*

e. Was the child admitted to a hospital or health facility during the illness?

(19) ADMIT_HOSP [1] Yes [2] No [3] DK

[If 'yes', continue to Question 53e1. If 'no or DK', go to Question 54.]

1. Specify the facility name: (20) ADMIT_FAC
2. What was the main reason for admission? (21) ADMIT_REASON
3. Was the child treated with IV fluids? (22) IV_FLUIDS [1] Yes [2] No [3] DK

54. In the month before death, how many contacts with formal health services did s/he have?

(23) HEALTH_CONTACTS ___ *Number* (24) HEALTH_CONTACTS_DK [1] *DK*

a. If there was any contact with formal health services, did a health care worker tell you the cause of death?

(25) CAREWKR_DEATH [1] Yes [2] No [3] DK

[If 'yes', continue to Question 54b. If 'no or DK', go to Question 55.]

b. What did the healthcare worker say?

(26) CAREWKR_SAID

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55. Did s/he have any operation for the illness? (8) OPERATION 1 Yes 2 No 3 DK

[If 'yes', continue to Question 55a. If 'no' or 'DK', go to Question 56.]

a. How long before death did s/he have the operation?

(9) OPERATION_MONTHS *Months* (10) OPERATION_DAYS *Days* (11) OPERATION_DK 1 *DK*

[Duration must be recorded in either days or months.]

b. On what part of the body was the operation?

1 Abdomen (12) OPERATION_PART 2 Chest 3 Head

4 Other, specify (13) OPERATION_SPEC 5 DK

SECTION 10 - DATA ABSTRACTED FROM DEATH CERTIFICATE

56. Do you have a death certificate? (14) DEATH_CERT 1 Yes 2 No 3 DK

[If yes, continue to Question 56a – g. If 'no' or 'DK', go to Question 57.]

If yes, ask to see the death certificate and answer the following information:

a. Can I see the death certificate? (15) DEATH_CERT_SEE 1 Yes 2 No 3 DK

[If 'no' or 'DK', go to question 57.]

b. Date of death on the certificate: (16) DEATH_CERT_DEATH

Day Month Year

c. Date of issue on the certificate: (17) DEATH_CERT_ISSUE

Day Month Year

d. Record the cause of death from the first (top) line of the death certificate:

(18) CERT_CAUSE1

e. Record the cause of death from the second line of the death certificate (if any):

(19) CERT_CAUSE2

f. Record the cause of death from the third line of the death certificate (if any):

(20) CERT_CAUSE3

g. Record the cause of death from the fourth line of the death certificate (if any):

(21) CERT_CAUSE4

(7) SUBJECTID

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SECTION 11 - DATA ABSTRACTED FROM OTHER HEALTH RECORDS

[For each type of health record, summarize details for last 2 visits (if more than 2).]

57. Are other health records available? (8) RECORD_AVAILABLE [1] Yes [2] No

[If 'yes', continue to applicable health record below.]

a. Burial Permit (Cause of death)

(9) BURIAL_PERMIT

b. Post mortem results (Cause of death)

(10) PM_RESULTS

c. MCH/ANC Card (Relevant information)

(11) MCHANC_CARD

d. Hospital Prescription (Relevant information)

(12) PRESCRIPTION

e. Treatment Cards (Relevant information)

(13) TREATMENT_CARDS

f. Hospital Discharge (Relevant information)

(14) DISCHARGE

g. Laboratory results (Relevant information)

(15) LAB_RESULTS

h. Other hospital documents (Specify)

(16) OTHER_DOCS

58. Record the interview stop time: (17) STOP_TIME *(24 hr clock)*

(7) SUBJECTID

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INTERVIEWERS OBSERVATIONS:

(To be filled in after completing interview.)

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS:

Interviewer's Name _____ (8) INT_CODE2

Staff code

Quality Control's Name _____ (9) QC_CODE2 (10) QC_DATE2

Staff code *Day* *Month* *Year*