

CDC/KEMRI DSS VERBAL AUTOPSY QUESTIONNAIRE NEONATAL AND POSTNEONATAL DEATHS

File number Interviewer Date of interview / /

Instructions to interviewer: Introduce yourself and explain the purpose of your visit. Ask to speak to the mother or to another adult caretaker who was present during the illness that led to death. If this is not possible, arrange a time to revisit the household when the mother or caretaker will be home.

Section 1. Informant identification

1.1 Names	1.2 Age Years > 14	1.3 Sex M/F	1.4 Relationship to deceased 1=Biological mother 2=Father 3=Grand parent 4=Aunt 5=Co-wife to mother 6=Sibling 7=Adoptive mother 8=Other	1.5 Appropriateness 1=Very appropriate 2=Appropriate 3=Probably appropriate 4=May be appropriate	1.6 Availability 1 = Present at the time of the visit 2 = Absent at the time of the visit but can be contacted and visited 3 = Unavailable, impossible to contact	1.7 Participation 1 = Primary informant 2 = Secondary informant who participated in the interview 3 = Present but did not participate 4 = Did not participate
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

1st attempt to contact the best respondent: ___ / ___ / ___ 2nd attempt: ___ / ___ / ___ 3rd attempt: ___ / ___ / ___

Section 2. Background information on deceased

2.01 Before death, was the deceased living for 4 months or more in Asembo or Gem?..... ☐ Yes ☐ No ☐ DK *dss*
If "Yes" or "DK", go to 2.03

2.02 If no, did the deceased return to Asembo or Gem just for burial?..... ☐ Yes ☐ No ☐ DK *burial*

If the deceased was living outside Asembo/Gem and was brought back for burial, then thank the participant and stop the interview!!

2.03 Was the interview conducted?..... ☐ Yes ☐ No ☐ DK *intr*

2.03a If no, what was the reason? ☐ Caretaker moved away/can't be traced ☐ Caretaker is grieving, cannot respond *reason*
☐ Caretaker refused ☐ Caretaker no idea about death/deceased found dead
☐ Non-resident, came for burial ☐ Abortion/miscarriage *spreas*
☐ Other, specify ☐ Unknown

2.04 Names of head of compound
Christian name

Juok name

Father's name

2.05 Village/Compound, House _____

Interviewer: make sure that the address is the address where the child was fed!!
Sometimes this may be different from the place where the child died.

Village	Compound	House
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0 <input type="radio"/> <input type="radio"/> <input type="radio"/>	0 <input type="radio"/> <input type="radio"/> <input type="radio"/>	A <input type="radio"/> K <input type="radio"/> U
1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	B <input type="radio"/> L <input type="radio"/> V
2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	C <input type="radio"/> M <input type="radio"/> W
3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	D <input type="radio"/> N <input type="radio"/> X
4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	E <input type="radio"/> O <input type="radio"/> Y
5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	F <input type="radio"/> P <input type="radio"/> Z
6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	G <input type="radio"/> Q
7 <input type="radio"/> <input type="radio"/> <input type="radio"/>	7 <input type="radio"/> <input type="radio"/> <input type="radio"/>	H <input type="radio"/> R
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9 <input type="radio"/> <input type="radio"/> <input type="radio"/>	9 <input type="radio"/> <input type="radio"/> <input type="radio"/>	J <input type="radio"/> T

2.06 Names of child
Christian name

Juok name

Father's name

2.06 Child's permanent ID The data entry clerk will enter the ID number

2.08 Names of mother

Christian name

Juok name

Father's name

2.08a Mother's permanent ID The data entry clerk will enter the ID number

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2.09 Child's sex ☐ M ☐ F2.10 Child's date of birth (dd/mm/yyyy)

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2.11 Child's date of death (dd/mm/yyyy)

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

If child <1 month old, record # days

If child is a stillbirth, complete days as 00.

If child is a stillbirth, complete section 3, 6, and 9;
skip section 4, 5, 7 and 8.

Years	Months	[Days]
0	<input type="radio"/> <input type="radio"/>	0 <input type="radio"/> <input type="radio"/>
1	<input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/>
2	<input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/>
3	<input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/>
4	<input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/>
5	<input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/>
6	<input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/>
7	<input type="radio"/> <input type="radio"/>	7 <input type="radio"/> <input type="radio"/>
8	<input type="radio"/> <input type="radio"/>	8 <input type="radio"/> <input type="radio"/>
9	<input type="radio"/> <input type="radio"/>	9 <input type="radio"/> <input type="radio"/>

Section 3. Information about informant and caretakers

*This section refers to the individual in section 1 listed as the primary informant.*3.1 What class of primary did the informant complete? ☐ Noschooling ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 83.2 What class of secondary did the informant complete? ☐ Nosecondary ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 63.3 How many years of further study after secondary did the informant complete? ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ >43.4 Was the biological mother of <NAME> alive when the child died? ☐ Yes ☐ No3.5 Was the biological father of <NAME> alive when the child died? ☐ Yes ☐ No ☐ Unknown/NA3.6 Where did <NAME> die? ☐ Athome ☐ At a health facility ☐ On the way to/from a health facility
☐ Other(specify) _____

Section 4. Accidents and injuries

4.1 Did <NAME> die from an accident or injury? ☐ Yes ☐ No ☐ DK
If "No" or "DK", go to Section 5

4.1.a (If Yes, ask:) What kind of injury or accident? ☐ Transportaccident(pedestrian) ☐ Transport(passenger)

(Allow the respondent to answer spontaneously - Choose one)

☐ Fall ☐ Drowning

☐ Bite or sting ☐ Burn

☐ Sharp object (e.g. knife) ☐ Poisoning

☐ Assault/abuse

☐ Other(specify) _____

Note: If child died of an accident and was not ill before death, go to Section 9

Section 5. Questions about the symptoms of the child's last illness

"Please tell me about <NAME'S> last illness. Start with the MOST IMPORTANT signs of illness that the caretaker noticed, describe each symptom that occurred, when it first appeared and how frequent it was."

Use this to guide you through the rest of the questionnaire

5.1 Sign/Symptom (When possible use local term for sign/symptom)	5.2 Code To be coded in Lwak Use symptom code list	5.3 When did it start? 1 day before death - [01] 10 days before death [10]	5.4 When did it stop? Until death - [00] Day before death [01]	5.5 Frequency 1 = Continuous 2 = On and off 3 = Once only 4 = Once a day 5 = Twice a day 6 = 3 times a day 7 = 4 times a day 8 = > 5 times a day 9 = DK 10 = NA 11 = At night
	0 1 2 3 4 5 6 7 8 9			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11
				<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11
				<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11
				<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11
				<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11
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				<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11
				<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11
				<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11

If the child was one month old or younger at the time of death, go to Section 6. Otherwise, go to Section 7.

Days

0 1 2 3 4 5 6 7 8 9

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7.11 Have wheezing? (*kore liyo - Demonstrate sound*) ☐ Yes ☐ No ☐ DK

7.12 Have spasms or convulsions? (*rierwuok/riere*) ☐ Yes ☐ No ☐ DK

7.13 Was <NAME> ever at any time unconscious (*loch*) during the illness that led to death? ☐ Yes ☐ No ☐ DK

At any time during the illness that led to death, did

7.14 Stop being able to grasp? (*ok nyal mako gimoro*) ☐ Yes ☐ No ☐ DK
If "No" or "DK", go to 7.15

7.14.a How long before <NAME> died did he stop being able to grasp? ☐ Less than 12 hours ☐ 12 hours or more ☐ DK

7.15 Stop being able to respond to a voice? (*ok nyal winjo duol*) ☐ Yes ☐ No ☐ DK
If "No" or "DK", go to 7.16

7.15.a How long before <NAME> died did he stop being able to respond to a voice? ☐ Less than 12 hours ☐ 12 hours or more ☐ DK

7.16 Stop being able to follow movements with the eyes? (*ok nyal luwo gik mokogi wang'e*) ☐ Yes ☐ No ☐ DK
If "No" or "DK", go to 7.17

7.16.a How long before <NAME> died did he stop being able to follow movements with the eyes? ☐ Less than 12 hours ☐ 12 hours or more ☐ DK

7.17 Have a stiff neck? (*ng'ut motal - Demonstrate*) ☐ Yes ☐ No ☐ DK

7.18 During the month before <NAME> died, did he have a skin rash? (*del moruodho*) ☐ Yes ☐ No ☐ DK
If "No" or "DK", go to 7.19

7.18.a Was the rash all over <NAME'S> body? (*del maluro*) ☐ Yes ☐ No ☐ DK

7.18.b Was the rash also on <NAME'S> face? (*wang' maluro*) ☐ Yes ☐ No ☐ DK

7.18.c. How many days did the rash last? Days
0 1 2 3 4 5 6 7 8 9
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

7.18.d Did the rash have blisters containing clear fluid? (*kuonde moruodho man gi pi*) ☐ Yes ☐ No ☐ DK

7.18.e Did the skin crack/split or peel after the rash started? ☐ Yes ☐ No ☐ DK

7.18.f Was this illness measles? (*alura/ang'iew*) ☐ Yes ☐ No ☐ DK

During the illness that led to death, did <NAME>:

7.19 Become very thin? (*nyathi modhero*) ☐ Yes ☐ No ☐ DK

7.20 Have swollen legs or feet? (*tielo mokuot*) ☐ Yes ☐ No ☐ DK
If "No" or "Don't know", go to 7.21

7.20.a. How many weeks did the swelling last? Weeks
0 1 2 3 4 5 6 7 8 9
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

7.21 Skin flake off in patches? (*del mapudhore*) ☐ Yes ☐ No ☐ DK

7.22 Hair change to a reddish colour? (*yiewich ma rakwar*) ☐ Yes ☐ No ☐ DK

7.23 Have body swelling and miserable (*kwashiorkor*) during the month before he died (*akuodi del makuot*) ☐ Yes ☐ No ☐ DK

- 7.24 Have wasting and look like an 'old man' (*marasmus*) during the month before he died? (*odhero*) ☐ Yes ☐ No ☐ DK
- 7.25 Suffer from lack of blood or pallor? (*remo matin*) ☐ Yes ☐ No ☐ DK
- 7.26 Have pale palms? (*lwedo marachar*) ☐ Yes ☐ No ☐ DK
- 7.27 Have white nails? (*kokene rachar*) ☐ Yes ☐ No ☐ DK
- 7.28 Have swellings in the armpits? (*yuoth mokuot*) ☐ Yes ☐ No ☐ DK
- 7.29 Have swellings in the groin? (*awang' mach*) ☐ Yes ☐ No ☐ DK
- 7.30 Have a whitish rash inside the mouth or on the tongue? (*luodo-lep mapudhore to rachar*) ☐ Yes ☐ No ☐ DK

Section 8. Treatment

All questions refer to the child's LAST illness

- 8.1 Was care sought outside the home while <NAME> had this illness? ☐ Yes ☐ No ☐ DK ☐ NA
If "No" or "DK" or "NA", go to 8.2

8.1.a Where or from whom did you seek care?

(Mark all that apply)

☐ Traditional healer

☐ Religious leader

☐ Government/mission health center/clinic

☐ Nyamrerwa (TBA)

☐ Pharmacy/drug seller

☐ Bush doctor

☐ Government/mission hospital

☐ Private physician

☐ Other

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

8.1.b (If answer to 8.1.a is Hospital, ask:) Which hospital(s)?

(Mark all that apply)

☐ Bondo District

☐ Ngiya

☐ Kisumu District

☐ Lwak

☐ Kisumu Provincial

☐ Nyawara

☐ Siaya District

☐ Yala

☐ Aluor

☐ Other

Days

0 1 2 3 4 5 6 7 8 9

8.1.c How many nights in total did <NAME> spend in the hospital(s)?

<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"/>

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

- 8.3 Did <NAME> receive any western drugs during the illness? ☐ Yes ☐ No ☐ DK

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

8.3.a (If Yes, ask:) Did <NAME> receive any anti-malarial drug during the illness? ☐ Yes ☐ No ☐ DK

If "No" or "DK", go to Section 8.3.c

8.3.b (If Yes, ask:) Which anti-malarial drug did <NAME> receive ?

(Mark all that apply)

☐ Amodiaquine/camoquine

☐ Choroquine/malaraqin

☐ Fansidar/SP/Falcidin

☐ Quinine

☐ Other

8.3.c Did <NAME> receive any drug for fever (*del maore*) during the illness? ☐ Yes ☐ No ☐ DK

If "No" or "DK", go to 8.4

8.3.d Which drug for fever did <NAME> receive? (Mark all that apply) ☐ Paracetamol ☐ Aspirin

☐ Other

- 8.4 Did <NAME> receive any drugs for tuberculosis (*kahera*) during the last illness? ☐ Yes ☐ No ☐ DK

If "No" or "DK", go to 8.5

8.4.a If yes, which drugs for tuberculosis did <NAME> receive? (Mark all that apply)

☐ Isoniazide

☐ Ethambutol

☐ Rifater

☐ Rifampicine

☐ Pyrazinamide

☐ Streptomycine inj.

☐ Other, specify

- 8.5 Did <NAME> receive any drug to treat HIV/AIDS (*ayaki*) during the illness? ☐ Yes ☐ No ☐ DK

If "No" or "DK", go to Section 9

8.5.a If yes, which drug for HIV did <NAME> receive? (Mark all that apply)

☐ Lamuvudine

☐ Nevirapine

☐ Didanosine

☐ Abacavir

☐ Cotrimoxazole/Seprin

☐ Stavudine

☐ Zidovudine

☐ Efavirenz

☐ Nelfinavir

☐ Other, specify

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Section 9. Burial permit

9.1 Was a burial permit issued? ☐ Yes ☐ No ☐ DK

If No or DK, go to 9.2

9.1.a (If Yes, ask:) Can I see the burial permit? ☐ Yes, available ☐ Burial permit not available

9.1.b What is the serial number on the permit?

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|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 8 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9.2 What do you think could have caused <NAME'S> last illness/death? *To be coded in Lwak*

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Write down the cause _____

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| 0 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of interview - Thank the respondent(s) for their co-operation

Interviewer's comments and observations

Date form checked by VA Village Reporter Supervisor: Signature _____ / / _____
dd mm yyyy