

Study # 016

Plate # 201

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 Year2. Deceased child's gender: (11) GENDER
[1] Boy [2] Girl3. Child's date of death: (12) DATE_DEATH
Day Month Year

4. How old was the deceased when s/he died? (13) AGE Age (in days)

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 rest of the visit outcome codes, stop here, sign & date, and submit page 1 to the DCC.]

Interviewer's Name _____ (17) INT_CODE
Staff codeQuality Control's Name _____ (18) QC_CODE (19) QC_DATE
Staff code Day Month Year

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SECTION 2 - BASIC INFORMATION ABOUT RESPONDENT

7. Relationship of the respondent to the deceased:

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

8. Did you live with the deceased in the period leading to her/his death? (10)LIVE_WITH No

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

9. Where did s/he die:

(11)WHEREIED			
1 Hospital	2 Sentinel health facility	(12)WHEREIED_SFAC	3 Home
4 Other health facility, specify	(13)WHEREIED_OFAC		5 DK
6 Other, specify	(14)WHEREIED_SPEC		

SECTION 4 - RESPONDENT'S 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

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12. Cause of death 2 according to respondent:

(8)CAUSE2

SECTION 5 - PREGNANCY HISTORY

[“I would like to ask you some questions concerning the mother and symptoms that the deceased had/showed at birth and shortly after. Some of these questions may not appear to be directly related to the child's 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. How many births, including stillbirths, did the mother have before this child?

(9)BIRTH_CNT Number of
births/stillbirths(10)BIRTH_CNT_DK
1 DK

14. How many months was the pregnancy when the child was born?

(11)PREG_MONS Months

(12)PREG_DK
1 DK

15. Did the pregnancy end earlier than expected?

1 (13)PREG_EARLY Yes 2 No 3 DK

[If 'yes', continue to Question 15a.]

a. How many weeks before the expected date of delivery?

(14)PREG_EARLY_WKS Weeks

(15)PREG_EARLY_DK
1 DK

16. During the pregnancy, did the mother suffer from any of the following known illnesses?

Yes No DK

a. High blood pressure

1 2 3 (16)PREG_BP

b. Heart disease

1 2 3 (17)PREG_HEART

c. Diabetes

1 2 3 (18)PREG_DIABETES

d. Epilepsy/convulsion

1 2 3 (19)PREG_EPILEPSY

e. Any other medically diagnosed illness,
specify (21)PREG_OTHER_SPEC-

1 2 3 (20)PREG_OTHER

17. During the last 3 months of pregnancy did the mother suffer from any of the following illnesses?

Yes No DK

a. Vaginal bleeding

1 2 3 (22)POSTPREG_BLEED

b. Smelly vaginal discharge

1 2 3 (23)POSTPREG_DISCH

c. Puffy face

1 2 3 (24)POSTPREG_PUFFY

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- | | Yes | No | DK | |
|--|----------------------------|----------------------------|----------------------------|-----------------------|
| d. Headache | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (8)POSTPREG_HEADACHE |
| e. Blurred vision | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (9)POSTPREG_VISION |
| f. Convulsion | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (10)POSTPREG_CONVULS |
| g. Febrile illness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (11)POSTPREG_FEBRILE |
| h. Severe abdominal pain (not labor pain) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (12)POSTPREG_ABD_PAIN |
| i. Pallor/shortness of breath (both) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (13)POSTPREG_PALLOR |
| j. Other illness, specify: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | (14)POSTPREG_OTHER |
| <input type="text"/> (15)POSTPREG_OTHER_SPEC | | | | |

18. Was the child a single or multiple birth?

- (16)MULTI_BIRTH
- ☐ 1 Singleton ☐ 2 Twin ☐ 3 Triplet or more ☐ 4 DK

[If response to question 18 is either 'Twin' or 'Triplet or more', continue to Question 18a.]

a. What was the birth order of the child that died?

- (17)MULTI_BIRTH_ORD
- ☐ 1 First ☐ 2 Second ☐ 3 Third or higher ☐ 4 DK

SECTION 6 - DELIVERY HISTORY

19. Where was the child born?

- (18)WHERE_BORN
- ☐ 1 Hospital ☐ 2 Other health facility ☐ 3 Home
- ☐ 4 Other, specify (19)WHERE_BORN_SPEC ☐ 5 DK

20. Who assisted with the delivery?

- (20)DELIVERY_ASSIST
- ☐ 1 Doctor ☐ 2 Nurse/midwife ☐ 3 Traditional birth attendant
- ☐ 4 Relative ☐ 5 Mother by herself
- ☐ 6 Other, specify (21)DELIVERY_ASSIST_SPEC ☐ 7 DK

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21. When did the water break?

(8)WTR_BRK

1 Before labor started 2 During labor 3 DK

22. How many hours after the water broke was the child born?

(9)WTR_BRK_HRS

1 Less than 24 hours 2 24 hours or more 3 DK

23. Was the water foul smelling?

Yes No DK

1 2 3 (10)WTR_FOUL

24. Did the child stop moving in the womb?

[If 'yes', continue to Question 24a.]

1 2 3 (11)STOP_MOVING

a. When did the child stop moving in the womb?

(12)STOP_MOVING_WHEN

1 Before labor started 2 During labor 3 DK

25. Did a birth attendant listen for fetal heart sounds during labor?

Yes No DK

[If 'yes', continue to Question 25a.]

1 2 3 (13)LISTEN_HEART

a. Were fetal heart sounds present?

1 2 3 (14)LISTEN_HEART_PRES

26. Was there excess bleeding on the day labor started?

1 2 3 (15)EXCESS_BLEED

27. Did the mother have a fever on the day labor started?

1 2 3 (16)MOM_FEVER

28. How long did the labor pains last?

(17)PAIN_LENGTH

1 Less than 12 hours 2 12 – 23 hours
3 24 hours or more 4 DK

29. Was it a normal vaginal delivery?

(18)NORMAL_DELIV

[If 'no', continue to Question 29a.]

1 Yes 2 No 3 DK

a. What type of delivery?

(19)DELIV_TYPE

1 Forceps/vacuum 2 Caesarean section

3 Other, specify (20)DELIV_TYPE_SPEC 4 DK

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30. Which part of the child came first?

- ☐ Head ☐ Bottom ☐ Feet
☐ Arm/hand ☐ Other, specify ☐ DK

31. Did the umbilical cord come out before the child was born?

- ☐ Yes ☐ No ☐ DK

SECTION 7 - CONDITION OF THE CHILD SOON AFTER BIRTH

32. At birth, what was the size of the child?

- ☐ Smaller than normal ☐ Normal
☐ Larger than normal ☐ DK

33. Was the child premature?

- ☐ Yes ☐ No ☐ DK

34. How many months or weeks along was the pregnancy?

INDICATE PERIOD OF PREGNANCY Weeks Months ☐ DK

35. What was the birth weight of the child?

kg ☐ DK

36. Was anything applied to the umbilical cord stump after birth?

- ☐ Yes ☐ No ☐ DK

[If 'yes', continue to Question 36a.]

a. What was it?

37. Were there any signs of injury or broken bones?

- ☐ Yes ☐ No ☐ DK

[If 'yes', continue to Question 37a.]

a. Where were the marks or signs of injury?

38. Was there any sign of paralysis?

- ☐ Yes ☐ No ☐ DK

39. Did the child have any malformation?

- ☐ Yes ☐ No ☐ DK

[If 'yes', continue to Question 39a.]

a. What kind of malformation did the child have?

- ☐ Swelling/defect on the back ☐ Very large head ☐ Very small head
☐ Defect of lip and/or palate ☐ Other malformation, specify
☐ DK

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40. What was the color of the child at birth?

1 Normal 2 Pale (8) COLOR 3 Blue 4 DK

41. Did the child breathe after birth, even a little?

Yes	No	DK
1	2	3 (9) BREATHE

42. Was the child given assistance to breathe?

1	2	3 (10) BREATHE_ASSIST
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43. Did the child ever cry after birth, even a little?

1	2	3 (11) CRY
---	---	------------

44. Did the child ever move, even a little?

1	2	3 (12) MOVE
---	---	-------------

45. If the child did not cry, breath, or move, was it born dead?

1	2	3 (13) DEAD
---	---	-------------

[If 'yes', ask question 45a. If 'no' or 'DK', go to Question 46.]

a. Was the child macerated, that is, showed signs of decay?

1	2	3 (14) MACERATED
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SECTION 8 - HISTORY OF INJURIES/ACCIDENTS

46. Did the child suffer from any injury or accident that led to her/his death?

1 (15) INJURY_ACCIDENT Yes	2 No	3 DK
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[If 'yes', continue to Question 46a and 46b. If 'no' or 'DK', go to 47.]

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

1 Road traffic accident	2 Fall	3 Drowning
4 Poisoning	(16) INJURY_TYPE 5 Burns	6 Violence/assault
7 Other, specify	(17) INJURY_TYPE_SPEC	8 DK

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

(18) INJURY_INTENT 1 Yes	2 No	3 DK
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47. Did the child suffer from any animal/insect bite that led to her/his death?

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

(19) ANIMAL_BITE 1 Yes	2 No	3 DK
------------------------	------	------

a. What type of animal/insect?

1 Dog	2 Snake
3 Insect	(20) ANIMAL_BITE_TYPE 4 Other, specify
5 DK	(21) ANIMAL_BITE_SPEC

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SECTION 9 - NEONATAL ILLNESS HISTORY

48. Was the child ever able to suckle or bottle-feed?

(8) BOTTLE_FEED
1 Yes 2 No 3 DK*[If 'yes', continue to Question 48a-48c. If 'no' or 'DK', go to question 49.]*

a. How soon after birth did the child suckle or bottle-feed?

(9) BOTTLE_FEED_HRS (10) BOTTLE_FEED_DAYS
Hrs Days 1 DK (11) BOTTLE_FEED_DK

b. Did the child stop suckling or bottle-feeding?

(12) BOTTLE_FEED_STOP
1 Yes 2 No 3 DK

c. How many days after birth did the child stop suckling or bottle-feeding?

(13) BOTTLE_STOP_DAYS (14) BOTTLE_STOP_DK
Days 1 DK

49. Was the breastfeeding exclusive?

(15) BREASTFEED_EXCLUSIVE
1 Yes 2 No 3 DK

50. Did the child have convulsions?

(16) CONVULS
1 Yes 2 No 3 DK*[If 'yes', continue to Question 50a. If 'no' or 'DK', go to question 51.]*

a. How soon after birth did the convulsions start?

(17) CONVULS_START_DAYS (18) CONVULS_START_DK
Days 1 DK

51. Did the child become stiff and arched backwards?

(19) STIFF_ARCH
1 Yes 2 No 3 DK

52. Did the child have bulging of the fontanelle?

(20) BULG_FONT
1 Yes 2 No 3 DK*[If 'yes', continue to Question 52a. If 'no' or 'DK', go to question 53.]*

a. How many days after birth did the child have the bulging?

(21) BULG_DAYS (22) BULG_DK
Days 1 DK

53. Did the child become unresponsive or unconscious?

(23) UNCONSCIOUS
1 Yes 2 No 3 DK*[If 'yes', continue to Question 53a. If 'no' or 'DK', go to question 54.]*

a. How many days after birth did the child become unresponsive or unconscious?

(24) UNCONSCIOUS_DAYS (25) UNCONSCIOUS_DK
Days 1 DK

54. Did the child have a fever?

(26) FEVER
1 Yes 2 No 3 DK*[If 'yes', continue to Question 54a. If 'no' or 'DK', go to question 55.]*

a. How many days after birth did the child have a fever?

(27) FEVER_DAYS (28) FEVER_DK
Days 1 DK

55. Did the child become cold to the touch?

(29) COLD_TOUCH
1 Yes 2 No 3 DK*[If 'yes', continue to Question 55a. If 'no' or 'DK', go to question 56.]*

a. How many days after birth did the child become cold to the touch?

(30) COLD_TOUCH_DAYS (31) COLD_TOUCH_DK
Days 1 DK

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56. Did the child have a cough?

(8) COUGH
1 Yes 2 No 3 DK*[If 'yes', continue to Question 56a. If 'no' or 'DK', go to question 57.]*

a. How many days after birth did the child start to cough?

(9)COUGH_DAYS (10)COUGH_DK
Days 1 DK

57. Did the child have fast breathing?

(11)FAST_BREATH
1 Yes 2 No 3 DK*[If 'yes', continue to Question 57a. If 'no' or 'DK', go to question 58.]*

a. How many days after birth did the child start breathing fast?

(12)FAST_BREATH_DAYS (13)FAST_BREATH_DK
Days 1 DK

58. Did the child have difficulty breathing?

(14)DIFFICULT_BREATH
1 Yes 2 No 3 DK*[If 'yes', continue to Question 58a. If 'no' or 'DK', go to question 59.]*

a. How many days after the birth did the child start having difficulty in breathing?

(15)DIFFICULT_BREATH_DAYS (16)DIFFICULT_BREATH_DK
Days 1 DK

b. Did the child have chest indrawing?

(17)CHEST_INDRAW
1 Yes 2 No 3 DKc. Did the child have grunting? (*Demonstrate*)(18)GRUNT
1 Yes 2 No 3 DK

d. Did the child have flaring of the nostrils?

(19)FLARING_NOSTRILS
1 Yes 2 No 3 DK

59. Did the child have diarrhea?

(20)DIARRHEA
1 Yes 2 No 3 DK*[If 'yes', continue to Question 59a. If 'no' or 'DK', go to question 60.]*

a. How many days after birth did the child have diarrhea?

(21)DIARRHEA_DAYS (22)DIARRHEA_DK
Days 1 DK

b. How many days did the diarrhea last?

(23)DIARRHEA_LEN_DAYS (24)DIARRHEA_LEN_DK
Days 1 DK

c. When the diarrhea was most severe, how many times did the child pass stools in a day?

(25)STOOLS_DAY (26)STOOLS_DAY_DK
Number 1 DK

d. Was there blood in the stools?

(27)STOOL_BLOOD
1 Yes 2 No 3 DK

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

(28)DEHYDRATED
1 Yes 2 No 3 DK

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f. Did s/he have sunken eyes?

(8)SUNKEN_EYES

1 Yes 2 No 3 DK

[If 'yes', continue to Question 59g. If 'no' or 'DK', go to question 59h.]

g. For how long did s/he have sunken eyes?

(9)SUNKEN_EYES_DAYS

Days 1 DK

(10)SUNKEN_EYES_DK

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

(11)WRINKLED_SKIN

1 Yes 2 No 3 DK

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

(12)GIVEN_FLUID

1 Yes 2 No 3 DK

60. Did the child have vomiting?

(13)VOMIT

1 Yes 2 No 3 DK

[If 'yes', continue to Question 60a. If 'no' or 'DK', go to question 61.]

a. How many days after birth did vomiting start?

(14)VOMIT_DAYS

Days 1 DK

(15)VOMIT_DK

b. When the vomiting was severe, how many times did the child vomit in a day?

(16)VOMIT_TIMES

Number 1 DK

(17)VOMIT_TIMES_DK

61. Did the child have abdominal distension?

(18)ABD_DIST

1 Yes 2 No 3 DK

[If 'yes', continue to Question 61a. If 'no' or 'DK', go to question 62.]

a. How many days after birth did the child have abdominal distension?

(19)ABD_DIST_DAYS

Days 1 DK

(20)ABD_DIST_DK

62. Did the child have redness or discharge from the umbilical cord stump?

Yes No DK

1 2 3 (21)RED_STUMP

63. Did the child have a pustular skin rash?

1 2 3 (22)SKIN_RASH

64. Did the child have yellow palms or soles?

1 2 3 (23)YELLOW

[If 'yes', continue to Question 64a. If 'no' or 'DK', go to question 65.]

a. How many days after birth did the yellow palms or soles begin?

(24)YELLOW_DAYS

Days 1 DK

(25)YELLOW_DK

b. For how many days did the child have yellow palms or soles?

(26)YELLOW_LENGTH

Days 1 DK

(27)YELLOW_LENGTH_DK

SECTION 10 - MOTHER'S HEALTH AND CONTEXTUAL FACTORS

65. What was the age of the mother at the time the child died?

(28)MOM_AGE_YRS

Years

(29)MOM_AGE_DK

1 DK

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66. Did the mother receive antenatal care?

(8)ANTENATAL_CARE
1 Yes 2 No 3 DK

67. Did the mother receive tetanus toxoid (TT) vaccine?

(9)MOM_TT
1 Yes 2 No 3 DK*If 'yes', continue to Question 67a. If 'no' or 'DK', go to question 68.]*

a. How many doses?

(10)TT_DOSES
Number of doses (11)TT_DOSES_DK
1 DK

68. How is the mother's health now?

(12)MOM_CUR_HEALTH
1 Healthy 2 Ill 3 Not alive 4 DK**SECTION 11 - TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS**

69. Did the child receive any treatment for the illness that led to death?

(13)TREATMENT
1 Yes 2 No 3 DK*If 'yes', continue to Question 69a. If 'no' or 'DK', go to question 75.]*

a. List the treatments the child was given for the illness that led to death. (Copy from prescription/discharge notes if available.)

(14)TREATMENT_LIST

70. Please tell me at which of the following places or facilities the child received treatment during the illness that led to death:

	Yes	No	DK	
a. Home	1	2	3	(15)TRT_HOME
b. Traditional healer	1	2	3	(16)TRT_HEALER
c. Government clinic	1	2	3	(17)TRT_GOV_CLINIC
d. Government hospital	1	2	3	(18)TRT_GOV_HOSP
e. Private clinic	1	2	3	(19)TRT_PVT_CLINIC
f. Private hospital	1	2	3	(20)TRT_PVT_HOSP
g. Pharmacy, drug seller, store	1	2	3	(21)TRT_PHARM
h. Any other place or facility, specify (23)TRT_SPEC	1	2	3	(22)TRT_OTHER

If 70c – 70h are 'yes' continue to Question 71. If 'no' or 'DK' go to Question 72.]

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

(8)SEEKCARE_HRS (9)SEEKCARE_DAYS (10)SEEKCARE_DK
Hours Days 1 DK

72. In the month before death, how many contacts with formal health services did the child have?

(11)HEALTH_CONTACTS Number of (12)HEALTH_CONTACTS_DK
contacts 1 DK

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

(13)ADMIT_HOSP
1 Yes 2 No 3 DK

[If 'yes', continue to Question 73a. If 'no' or 'DK', go to Question 74.]

a. Specify the facility name:

(14)ADMIT_FAC

b. What was the main reason for admission?

(15)ADMIT_REASON

c. Was the child treated with IV fluids?

(16)IV_FLUIDS
1 Yes 2 No 3 DK

74. Did a health care worker tell you the cause of death?

(17)CAREWKR_DEATH
1 Yes 2 No 3 DK

[If 'yes', continue to question 74a. If 'no' or 'DK', go to question 75.]

a. What did the healthcare worker say?

(18)CAREWKR_SAID

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SECTION 12 - DATA ABSTRACTED FROM DEATH CERTIFICATE75. Do you have a death certificate for the child? ☐ (8)DEATH_CERT Yes ☐ (2) No ☐ (3) DK*[If 'yes', continue to Question 75a. If 'no' or 'DK', go to Question 76.]*

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

a. Can I see the death certificate? ☐ (9)DEATH_CERT_SEE Yes ☐ (2) No ☐ (3) DK

b. Date of death on the certificate:

		(10)DEATH_CERT_DEATH		
Day		Month	Year	

c. Date of issue on the certificate:

		(11)DEATH_CERT_ISSUE		
Day		Month	Year	

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

(12)CERT_CAUSE1

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

(13)CERT_CAUSE2

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

(14)CERT_CAUSE3

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

(15)CERT_CAUSE4

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SECTION 13. DATA ABSTRACTED FROM OTHER HEALTH RECORDS

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

Record information about the mother and deceased child.

76. 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. Postmortem 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

77. Record the interview stop time:

(17) STOP_TIME

(24 hr clock)

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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

Staff code

(10) QC_DATE2

Day

Month

Year