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| **Variable Name**  **2016 WHO VERBAL AUTOPSY**  ***Death of a child aged four weeks to 11 years (Child Form): Data Dictionary*** | **Question** | **Value type and value List** |
| child10004 | Section Header: *1) INFORMATION ABOUT THE PREVALENCE OF MALARIA AND HIV*  10004 During which season did (s)he die | dropdown   |  |  | | --- | --- | | 1 | Wet | | 2 | Dry | |
| child10007 | Section Header: *2) INFORMATION ABOUT THE RESPONDENT, CONSENT AND TIME OF INTERVIEW*  10007 What is the name of the VA respondent? | text |
| child10008 | 10008 What is the respondents relationship to the deceased? | dropdown   |  |  | | --- | --- | | 1 | Parent | | 2 | Child | | 3 | Other | | 4 | Family member | | 5 | Friend | | 6 | Health worker | | 7 | Public office | | 8 | Another relationship | |
| child10009 | 10009 Did the respondent live with the deceased in the period leading to her/his death | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10010 | 10010 What is the name of VA interviewer | text |
| child10011 | 10011 Time at start of interview | text (time) |
| child10012 | 10012 Date of interview | text (date\_dmy) |
| child10013 | 10013 Did the respondent give consent? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | |
| child10017 | Section Header: *3) INFORMATION ABOUT THE DECEASED 3a) Socio-demographic information*  10017 What was the first or given name(s) of the deceased? | text |
| child10018 | 10018 What was the surname (or family name) of the deceased? | text |
| child10019 | 10019 What was the sex of the deceased? | dropdown   |  |  | | --- | --- | | 1 | Female | | 2 | Male | |
| child10020 | 10020 Is the date of birth known? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | Ref. | |
| child10021  Show the field ONLY if:  [child10020] = '1' | 10021 When was the deceased born? | text (date\_dmy) |
| child10022 | 10022 Is the date of death known? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | Ref. | |
| child10023  Show the field ONLY if:  [child10022] = '1' | 10023 When did (s)he die? | text (date\_dmy) |
| aaaa | AAAA Please indicate the age of the child in months or years | text (number) |
| aaaa\_my | Please select Months or Years  *Months or Years* | dropdown   |  |  | | --- | --- | | 1 | Months | | 2 | Years | |
| age\_group | age\_group What age group corresponds to the deceased? | dropdown   |  |  | | --- | --- | | 1 | Neanate | | 2 | Child | | 3 | Adult | |
| child10051 | 10051 Is there a need to collect civil registration data on the deceased? | dropdown (autocomplete)   |  |  | | --- | --- | | 1 | Yes | |
| child10052 | 10052 What was her/his citizenship / nationality? | dropdown   |  |  | | --- | --- | | 1 | Citizen at birth | | 2 | Naturalized citizen | | 3 | Foreign national | | 4 | DK | |
| child10053 | 10053 What was her/his ethnicity? | text |
| child10054 | 10054 What was his/her place of birth? | text |
| child10055 | 10055 What was his/her place of usual residence (the place where the person lived most of the year)? | text |
| child10056 | 10056 What was her/his place of normal residence 1 to 5 years before death? | text |
| child10057 | 10057 Where did death occur?(specify country, province, district, village) | text |
| child10058 | 10058 Where did the deceased die? | dropdown   |  |  | | --- | --- | | 1 | Hospital | | 2 | Other health facility | | 3 | Home | | 4 | On route to facility or hospital | | 5 | Other | | 6 | DK | | 7 | Ref | |
| child10061 | 10061 What was the name of the father? | text |
| child10062 | 10062 What was the name of the Mother? | text |
| child10063 | 10063 What was her/his highest level of schooling? | dropdown   |  |  | | --- | --- | | 1 | no formal education | | 2 | primary school | | 3 | secondary school | | 4 | higher than secondary school | | 5 | Doesn't know | | 6 | Refused to answer | |
| child10064 | 10064 Was (s)he able to read and write? (select 'yes' also if only one of either reading or writing is known to the respondent) | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10065 | 10065 What was her/his economic activity status in year prior to death? | dropdown   |  |  | | --- | --- | | 1 | Mainly unemployed | | 2 | Mainly employed | | 3 | Home-maker | | 4 | Pensioner | | 5 | Student | | 6 | Other | | 7 | DK | | 8 | Ref | |
| child10066 | 10066 What was her/his occupation, that is, what kind of work did (s)he mainly do? | text |
| child10069 | Section Header: *3b) Civil registration information*  10069 Is there a need to collect civil registration numbers on the deceased? | dropdown (autocomplete)   |  |  | | --- | --- | | 2 | No | |
| child10070  Show the field ONLY if:  [child10069] = '1' | 10070 Death registration number/certificate | text |
| child10071  Show the field ONLY if:  [child10069] = '1' | 10071 Date of registration | text (date\_dmy) |
| child10072  Show the field ONLY if:  [child10069] = '1' | 10072 Place of registration | text |
| child10073  Show the field ONLY if:  [child10069] = '1' | 10073 National identification number of deceased | text |
| child10077 | Section Header: *4) HISTORY AND DETAILS OF INJURIES/ ACCIDENTS*  10077 Did (s)he suffer from any injury or accident that led to her/his death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10079  Show the field ONLY if:  [child10077] = '1' | 10079 Was it a road traffic accident? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10080  Show the field ONLY if:  ([child10077] = '1') and ([child10079] = '1') | 10080 What was her/his role in the road traffic accident? | dropdown   |  |  | | --- | --- | | 1 | Driver or passenger in bus or heavy vehicle | | 2 | Driver or passenger in a car or light vehicle | | 3 | Driver or passenger on a motorcycle | | 4 | Driver or passenger on a pedal cycle | | 5 | Pedestrian | |
| child10081  Show the field ONLY if:  ([child10077] = '1') and ([child10079] = '1') | 10081 What was the counterpart that was hit during the road traffic accident? | dropdown   |  |  | | --- | --- | | 1 | Pedestrian | | 2 | Stationary object | | 3 | Car or light vehicle | | 4 | Bus or heavy vehicle | | 5 | Motorcycle | | 6 | Pedal cycle | | 7 | Other | |
| child10082  Show the field ONLY if:  ([child10077] = '1') or ( [child10079] =2 or [child10079] =3 or [child10079] =4 ) | 10082 Was (s)he injured in a non-road transport accident? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10083  Show the field ONLY if:  [child10077] = '1' | 10083 Was (s)he injured in a fall? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10084  Show the field ONLY if:  [child10077] = '1' | 10084 Was there any poisoning? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10085  Show the field ONLY if:  [child10077] = '1' | 10085 Did (s)he die of drowning? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10086  Show the field ONLY if:  [child10077] = '1' | 10086 Was (s)he injured by a bite or sting of venomous animal? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10087  Show the field ONLY if:  ([child10077] = '1') and ( [child10086] = '2' or [child10086] = '3' or [child10086] = '4' ) | 10087 Was (s)he injured by an animal or insect (non-venemous) | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10088  Show the field ONLY if:  ([child10077] = '1') and ([child10087] = '1') or ([child10086] ='1') | 10088 What was the animal/insect? | dropdown   |  |  | | --- | --- | | 1 | Dog | | 2 | Snake | | 3 | insect or scorpion | | 4 | Other | | 5 | DK | |
| child10089  Show the field ONLY if:  [child10077] = '1' or ( [child10087] = '2' or [child10087] = '3' or [child10087] = '4') | 10089 Was (s)he injured by burns/fire? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10090  Show the field ONLY if:  [child10077] = '1' | 10090 Was (s)he subject to violence (homocide, abuse)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10091  Show the field ONLY if:  [child10077] = '1' | 10091 Was (s)he injured by a fire arm? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10092  Show the field ONLY if:  [child10077] = '1' | 10092 Was (s)he stabbed, cut or pierced? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10093  Show the field ONLY if:  [child10077] = '1' | 10093 Was (s)he strangled? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10094  Show the field ONLY if:  [child10077] = '1' | 10094 Was (s)he injured by a blunt force? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10095  Show the field ONLY if:  [child10077] = '1' | 10095 Was (s)he injured by a force of nature? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10096  Show the field ONLY if:  [child10077] = '1' | 10096 Was it electrocution? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10097  Show the field ONLY if:  [child10077] = '1' | 10097 Was (s)he injured by some other injury? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10098  Show the field ONLY if:  [child10077] = '1' | 10098 Was the injury accidental? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10099  Show the field ONLY if:  [child10077] = '1' | 10099 Was the injury or accident self-inflicted? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10100  Show the field ONLY if:  [child10077] = '1' | 10100 Was the injury or accident intentionally inflicted by someone else? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10120 | Section Header: *5) MEDICAL HISTORY ASSOCIATED WITH THE FINAL ILLNESS 5a) Duration of final illness*  10120 For how many days was (s)he ill before (s)he died? | text (number) |
| dwm\_10120 | please select Days , Weeks or Months  *Days, Weeks or Months* | dropdown   |  |  | | --- | --- | | 1 | Days | | 2 | Weeks | | 3 | Months | |
| child10123 | 10123 Did (s)he die suddenly? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10125 | Section Header: *5b) History of diseases likely to be associated with or the cause of death*  10125 Was there any diagnosis by a health professional of tuberculosis? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10126 | 10126 Was a HIV test ever positive? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10127 | 10127 Was there any diagnosis by a health professional of AIDS? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10128 | 10128 Did (s)he have a recent positive test by a health professional for malaria? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10129 | 10129 Did (s)he have a recent negative test by a health professional for malaria? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10130 | 10130 Was there any diagnosis by a health professional of dengue fever? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10131 | 10131 Was there any diagnosis by a health professional of measles? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10133 | 10133 Was there any diagnosis by a health professional of heart disease? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10134 | 10134 Was there any diagnosis by a health professional of diabetes? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10135 | 10135 Was there any diagnosis by a health professional of asthma? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10136 | 10136 Was there any diagnosis by a health professional of epilepsy? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10137 | 10137 Was there any diagnosis by a health professional of cancer? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10142 | 10142 Was there any diagnosis by a health professional of sickle cell disease? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10143 | 10143 Was there any diagnosis by a health professional of kidney disease? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10144 | 10144 Was there any diagnosis by a health professional of liver disease? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10147 | Section Header: *5c) General signs and symptoms associated with final illness*  10147 Did (s)he have a fever? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10148  Show the field ONLY if:  [child10147] = '1' | 10148 For how many days did the fever last?  *Days* | text (number) |
| child10149  Show the field ONLY if:  [child10147] = '1' | 10149 Did the fever continue until death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10150  Show the field ONLY if:  [child10147] = '1' | 10150 How severe was the fever? | dropdown   |  |  | | --- | --- | | 1 | Mild | | 2 | Moderate | | 3 | Severe | |
| child10151  Show the field ONLY if:  [child10147] = '1' | 10151 What was the pattern of the fever? | dropdown   |  |  | | --- | --- | | 1 | Continuous | | 2 | On and off | | 3 | Only at night | | 4 | DK | | 5 | Ref | |
| child10152 | 10152 Did (s)he have night sweats? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10153 | 10153 Did (s)he have a cough? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10154  Show the field ONLY if:  [child10153] = '1' | 10154 For how many days did (s)he have a cough?  *Days* | text (number) |
| child10155  Show the field ONLY if:  [child10153] = '1' | 10155 Was the cough productive, with sputum? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10156  Show the field ONLY if:  [child10153] = '1' | 10156 Was the cough very severe? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10157  Show the field ONLY if:  [child10153] = '1' | 10157 Did (s)he cough up blood? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10158  Show the field ONLY if:  [child10153] = '1' | 10158 Did (s)he make a whooping sound when coughing? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10159 | 10159 Did (s)he have any difficulty breathing? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10161  Show the field ONLY if:  [child10159] = '1' | 10161 For how many days did the difficulty breathing last? | text (number) |
| child10165  Show the field ONLY if:  [child10159] = '1' | 10165 Was the difficulty continuous or on and off? | dropdown   |  |  | | --- | --- | | 1 | Continuous | | 2 | On and off | | 3 | DK | | 4 | Ref | |
| child10166 | 10166 During the illness that led to death, did (s)he have fast breathing? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10167  Show the field ONLY if:  [child10166] = '1' | 10167 For how many days did the fast breathing last?  *Days* | text (number) |
| child10168 | 10168 Did (s)he have breathlessness? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10169  Show the field ONLY if:  [child10168] = '1' | 10169 For how many days did (s)he have breathlessness?  *Days* | text (number) |
| child10172 | 10172 Did you see the lower chest wall/ribs being pulled in as the child breathed? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10173 | 10173 During the illness that led to death did his/her breathing sound like any of the following: | dropdown   |  |  | | --- | --- | | 1 | Stridor | | 2 | Grunting | | 3 | Wheezing | | 4 | NO | | 5 | DK | | 6 | Ref. | |
| child10174 | 10174 Did (s)he have chest pain? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10176  Show the field ONLY if:  [child10174] = '1' | 10176 How many days before death did (s)he have chest pain?  *Days* | text (number) |
| child10181 | 10181 Did (s)he have more frequent loose or liquid stools than usual? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10182  Show the field ONLY if:  [child10181] = '1' | 10182 For how many days did (s)he have frequent loose or liquid stools?  *Days* | text (number) |
| child10183  Show the field ONLY if:  [child10181] = '1' | 10183 How many stools did the baby or child have on the day that loose liquid stools were most frequent?  *Number of Stools:* | text (number) |
| child10184  Show the field ONLY if:  [child10181] = '1' | 10184 How many days before death did the frequent loose or liquid stools start?  *Days* | text (number) |
| child10185  Show the field ONLY if:  [child10181] = '1' | 10185 Did the frequent loose or liquid stools continue until death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10186 | 10186 At any time during the final illness was there blood in the stools? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10187  Show the field ONLY if:  [child10186] = '1' | 10187 Was there blood in the stool up until death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10188 | 10188 Did (s)he vomit? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10189 | 10189 Did (s)he vomit in the week preceding death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10191  Show the field ONLY if:  [child10189] = '1' | 10191 Did (s)he vomit blood? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10192  Show the field ONLY if:  [child10189] = '1' | 10192 Was the vomit black? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10193 | 10193 Did (s)he have any belly (abdominal) problems? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10194 | 10194 Did (s)he have belly (abdominal) pain? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10195  Show the field ONLY if:  [child10194] = '1' | 10195 Was the belly (abdominal) pain severe? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10196  Show the field ONLY if:  [child10194] = '1' and [child10195] = '1' | 10196 For how many hours before death did (s)he have severe abdominal pain?  *Hours* | text |
| child10197  Show the field ONLY if:  [child10194] = '1' and [child10195] = '1' | 10197 For how many days before death did (s)he have severe abdominal pain?  *Days* | text |
| child10198  Show the field ONLY if:  [child10194] = '1' and [child10195] = '1' | 10198 For how many months before death did (s)he have severe abdominal pain?  *Months* | text |
| child10199  Show the field ONLY if:  [child10194] = '1' and [child10195] = '1' | 10199 Was the pain in the upper or lower abdomen? | dropdown   |  |  | | --- | --- | | 1 | Upper abdomen | | 2 | Lower abdomen | | 3 | Upper and lower abdomen | | 4 | DK | | 5 | Ref. | |
| child10200 | 10200 Did (s)he have a more than usually protruding abdomen? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10201  Show the field ONLY if:  [child10200] = '1' | 10201 For how many days did (s)he have a more than usually protruding abdomen?  *Days* | text (number) |
| child10202  Show the field ONLY if:  [child10200] = '1' | 10202 For how many months did (s)he have a more than usually protruding abdomen  *Months* | text (number) |
| child10203  Show the field ONLY if:  [child10200] = '1' | 10203 How rapidly did (s)he develop the protruding abdomen? | dropdown   |  |  | | --- | --- | | 1 | Rapidly | | 2 | Slowly | |
| child10204 | 10204 Did (s)he have any mass in the abdomen? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10205  Show the field ONLY if:  [child10204] = '1' | 10205 For how many days before death did (s)he have a mass in the abdomen?  *Days* | text (number) |
| child10206  Show the field ONLY if:  [child10204] = '1' | 10206 For how many months before death did (s)he have a mass in the abdomen?  *Months* | text (number) |
| child10207 | 10207 Did (s)he have a severe headache? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10208 | 10208 Did (s)he have a stiff neck during illness that led to death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10209  Show the field ONLY if:  [child10208] = '1' | 10209 For how many days before death did (s)he have stiff neck?  *Days* | text (number) |
| child10210 | 10210 Did (s)he have a painful neck during the illness that led to death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10211  Show the field ONLY if:  [child10210] = '1' | 10211 For how many days before death did (s)he have a painful neck?  *Days* | text (number) |
| child10214 | 10214 Was (s)he unconscious during the illness that led to death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10215  Show the field ONLY if:  [child10214] = '1' | 10215 Was (s)he unconscious for more than 24 hours before death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10216  Show the field ONLY if:  [child10214] = '1' and ( [child10215] = '2' or [child10215] = '3' or [child10215] = '4') | 10216 How many hours before death did unconsciousness start?  *Hours* | text (number) |
| child10217  Show the field ONLY if:  [child10214] = '1' | 10217 Did the unconsciousness start suddenly, quickly (at least within a single day)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10218  Show the field ONLY if:  [child10214] = '1' | 10218 Did the unconsciousness continue until death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10219 | 10219 Did (s)he have convulsions? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10220  Show the field ONLY if:  [child10219] = '1' | 10220 Did (s)he experience any generalized convulsions or fits during the illness that led to death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10221  Show the field ONLY if:  [child10219] = '1' | 10221 For how many minutes did the convulsions last?  *Minutes* | text |
| child10222  Show the field ONLY if:  [child10219] = '1' | 10222 Did (s)he become unconscious immediately after the convulsion? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10223 | 10223 Did (s)he have any urine problems? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10224  Show the field ONLY if:  [child10223] = '1' | 10224 Did (s)he stop urintating? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10225  Show the field ONLY if:  [child10223] = '1' | 10225 Did (s)he go to urinate more often than usual? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10226  Show the field ONLY if:  [child10223] = '1' | 10226 During the final illness did (s)he ever pass blood in the urine? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10227 | 10227 Did (s)he have sores or ulcers anywhere on the body? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10229  Show the field ONLY if:  [child10227] = '1' | 10229 Did the sores have clear fluid or pus? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10230 | 10230 Did (s)he have an ulcer (pit) on the foot? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10231  Show the field ONLY if:  [child10230] = '1' | 10231 Did the ulcer on the foot ooze pus? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10232  Show the field ONLY if:  [child10230] = '1' and [child10231] = '1' | 10232 For how many days did the ulcer on the foot ooze pus?  *Days* | text (number) |
| child10233 | 10233 During the illness that led to death, did (s)he have any skin rash? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10234  Show the field ONLY if:  [child10233] = '1' | 10234 For how many days did (s)he have the skin rash?  *Days* | text (number) |
| child10235  Show the field ONLY if:  [child10233] = '1' | 10235 Where was the rash? | dropdown   |  |  | | --- | --- | | 1 | Face | | 2 | Trunk or abdomen | | 3 | Extremities | | 4 | Everywhere | |
| child10236  Show the field ONLY if:  [child10233] = '1' | 10236 Did (s)he have measles rash (use local term)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10238 | 10238 During the illness that led to death did his/her skin flake off in patches? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10239 | 10239 During the illness that led to death did he/ she have areas of skin that turned black? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10240 | 10240 During the illness that led to death did he/ she have areas of the skin with redness or swelling? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10241 | 10241 During the illness that led to death, did (s)he bleed from anywhere? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10242  Show the field ONLY if:  [child10241] = '1' | 10242 Did (s)he bleed from the nose, mouth or anus? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10243 | 10243 Did (s)he have noticeable weight loss? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10244 | 10244 Was (s)he severely thin or wasted? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10245 | 10245 During the illness that led to death, did s/he have a whitish rash inside the mouth or on the tongue? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10246 | 10246 Did (s)he have stiffness of the whole body or was unable to open the mouth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10247 | 10247 Did (s)he have puffiness of the face? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10248  Show the field ONLY if:  [child10247] = '1' | 10248 For how many days did (s)he have puffiness of the face?  *Days* | text (number) |
| child10249 | 10249 During the illness that led to death, did (s)he have swollen legs or feet? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10250  Show the field ONLY if:  [child10249] = '1' | 10250 How many days did the swelling last?  *Days* | text (number) |
| child10251  Show the field ONLY if:  [child10249] = '1' | 10251 Did (s)he have both feet swollen? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10252 | 10252 Did (s)he have general puffiness all over hi(s)her body? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10253 | 10253 Did (s)he have any lumps? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10255  Show the field ONLY if:  [child10253] = '1' | 10255 Did (s)he have any lumps on the neck? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10256  Show the field ONLY if:  [child10253] = '1' | 10256 Did (s)he have any lumps on the armpit? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10257  Show the field ONLY if:  [child10253] = '1' | 10257 Did (s)he have any lumps on the groin? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10258 | 10258 Was (s)he in any way paralysed? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10259  Show the field ONLY if:  [child10258] = '1' | 10259 Did s(he) have paralysis of only one side of the body? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10260  Show the field ONLY if:  [child10258] = '1' | 10260 Which were the limbs or body parts paralysed? | dropdown   |  |  | | --- | --- | | 1 | Right side | | 2 | Left side | | 3 | Lower part of body | | 4 | Upper part of body | | 5 | One leg only | | 6 | One arm only | | 7 | Whole body | | 8 | Other | |
| child10261 | 10261 Did (s)he have difficulty swallowing? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10262  Show the field ONLY if:  [child10261] = '1' | 10262 For how many days before death did (s)he have difficulty swallowing?  *Days* | text (number) |
| child10263  Show the field ONLY if:  [child10261] = '1' | 10263 Was the difficulty with swallowing with solids, liquids, or both? | dropdown   |  |  | | --- | --- | | 1 | Solids | | 2 | Liquids | | 3 | Both | |
| child10264 | 10264 Did (s)he have pain upon swallowing? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10265 | 10265 Did (s)he have yellow discoloration of the eyes? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10266  Show the field ONLY if:  [child10265] = '1' | 10266 For how many days did (s)he have the yellow discoloration?  *Days* | text (number) |
| child10267 | 10267 Did her/his hair change in color to a reddish or yellowish color? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10268 | 10268 Did (s)he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10269 | 10269 Did (s)he have sunken eyes? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10270 | 10270 Did (s)he drink a lot more water than usual? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10271 | Section Header: *5d) Signs and symptoms relevant for neonatal and child deaths NOTE THE NEXT SECTION UP TO ID10418 SHOULD ONLY BE ASKED IF THE DECEASED WAS ONE YEAR OLD OR LESS*  10271 Was the baby able to suckle or bottle-feed within the first 24 hours after birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10272 | 10272 Did the baby ever suckle in a normal way? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10273 | 10273 Did the baby stop suckling? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10274  Show the field ONLY if:  [child10273] = '1' | 10274 How many days after birth did the baby stop suckling?  *Days* | text (number) |
| child10275 | 10275 Did the baby have convulsions in the first 24 hours of life? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10276  Show the field ONLY if:  [child10275] = '2' or [child10275] = '3' or [child10275] = '4' | 10276 Did the baby have convulsions starting more than 24 hrs after birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10277 | 10277 Did the baby's body become stiff, with the head arched backwards? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10278 | 10278 During the illness that led to death did the baby have a bulging or raised fontanelle? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10279  Show the field ONLY if:  [child10278] = '2' or [child10278] = '3' or [child10278] = '4' | 10279 During the illness that led to death did the baby have a sunken fontanelle? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10281 | 10281 During the illness that led to death, did the baby become unresponsive or unconscious? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10282 | 10282 Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10283 | 10283 Did the baby become unresponsive or unconscious more than 24 hours after birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10352 | 10352 How many years old was the child when the fatal illness started?  *If the child is less than 1 yr at the time of death, the Interviewer should indicate "00" in the fields provided.* | text (number) |
| child10354 | 10354 Was the child part of a multiple birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10355  Show the field ONLY if:  [child10354] = '1' | 10355 Was the child the first, second, or later in the birth order? | dropdown   |  |  | | --- | --- | | 1 | First | | 2 | Second or later | |
| child10356 | 10356 Is the mother still alive? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10357  Show the field ONLY if:  [child10356] = '2' or [child10356] = '3' or [child10356] = '4' | 10357 Did the mother die during or after the delivery? | dropdown   |  |  | | --- | --- | | 1 | During delivery | | 2 | After delivery | |
| child10358  Show the field ONLY if:  ([child10356] = '2' or [child10356] = '3' or [child10356] = '4') and [child10357] = '2' | 10358 How many months after delivery did the mother die?  *Months* | text (number) |
| child10359  Show the field ONLY if:  ([child10356] = '2' or [child10356] = '3' or [child10356] = '4') and [child10357] = '2' | 10359 How many days after delivery did the mother die?  *Days* | text (number) |
| child10360 | 10360 Where was the deceased born? | dropdown   |  |  | | --- | --- | | 1 | Hospital | | 2 | Other health facility | | 3 | Home | | 4 | On route to facility or hospital | | 5 | Other | | 6 | DK | | 7 | Ref | |
| child10361 | 10361 Did the mother receive professional assistance during the delivery?  *(ask only up to one year)* | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10362 | 10362 At birth was the baby of usual size? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10363  Show the field ONLY if:  [child10362] = '2' or [child10362] = '3' or [child10362] = '4' | 10363 At birth was the baby smaller than usual (weighing under 2.5 kgs)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10364  Show the field ONLY if:  [child10363] = '1' and ( [child10362] = '2' or [child10362] = '3' or [child10362] = '4') | 10364 At birth was the baby very much smaller than usual (weighing under 1 kg)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10365  Show the field ONLY if:  ( [child10364] = '2' or [child10364] = '3' or [child10364] = '4') or ([child10362] = '1') or ([child10363] = '2' or [child10363] = '3' or [child10363] = '4') | 10365 At birth was the baby larger than usual (weighing over 4.5 kgs)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10366 | 10366 What was the weight in grammes of the deceased at birth? (Note 1kg = 1000 grammes )  *Please write 00 if Don't Know* | text (number) |
| child10367 | 10367 How many months long was the pregancy before birth? (ask only up to one year)  *please write 00 if Don't know* | text (number) |
| child10368 | 10368 Were there any complications in the late part of the pregnancy (defined as the last 3 months before labour)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10369 | 10369 Were there any complications during labour or delivery? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10370 | 10370 Was any part of the baby physically abnormal at time of delivery?  *(for example body part too large or too small)* | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10371  Show the field ONLY if:  [child10370] = '1' or [child10370] = '3' or [child10370] = '4' | 10371 Did the baby/child have swelling or a defect on the back at time of birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10372  Show the field ONLY if:  [child10370] = '1' or [child10370] = '3' or [child10370] = '4' | 10372 Did the baby/child have a very large head at time of birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10373  Show the field ONLY if:  [child10370] = '1' or [child10370] = '3' or [child10370] = '4' | 10373 Did the baby/child have a very small head at time of birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10408  Show the field ONLY if:  [child10370] = '1' or [child10370] = '3' or [child10370] = '4' | 10408 Before the illness that led to death was the baby/ child growing normally? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10418 | Section Header: *5e) Health service and contextual factors*  10418 Did (s)he receive any treatment for the illness that led to death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10419  Show the field ONLY if:  [child10418] = '1' | 10419 Did (s)he receive oral rehydration salts? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10420  Show the field ONLY if:  [child10418] = '1' | 10420 Did (s)he receive (or need) intravenous fluids (drip) treatment? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10421  Show the field ONLY if:  [child10418] = '1' | 10421 Did (s)he receive (or need) a blood transfusion? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10422  Show the field ONLY if:  [child10418] = '1' | 10422 Did (s)he receive (or need) treatment/food through a tube passed through the nose? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10423  Show the field ONLY if:  [child10418] = '1' | 10423 Did (s)he receive (or need) injectable antibiotics? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10424  Show the field ONLY if:  [child10418] = '1' | 10424 Did (s)he receive (or need) antiretroviral therapy (ART)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10425  Show the field ONLY if:  [child10418] = '1' | 10425 Did (s)he have (or need) an operation for the illness? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10426  Show the field ONLY if:  [child10418] = '1' and [child10425] = '1' | 10426 Did (s)he have the operation within 1 month before death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10427  Show the field ONLY if:  [child10418] = '1' and ( [child10425] = '2' or [child10425] = '3' or [child10425] = '4') | 10427 Was (s)he discharged from hospital very ill? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10428 | 10428 Had (s)he received immunisation? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10429  Show the field ONLY if:  [child10428] = '1' | 10429 Do you have the child's vaccination card? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10430  Show the field ONLY if:  [child10428] = '1' | 10430 Can I see the vaccination card (and note the vaccines the child received)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10431  Show the field ONLY if:  [child10428] = '1' | 10431 Note vaccines here | checkbox   |  |  |  | | --- | --- | --- | | 1 | child10431\_\_\_1 | BCG | | 2 | child10431\_\_\_2 | Hepatitis B | | 3 | child10431\_\_\_3 | Polio 0 | | 4 | child10431\_\_\_4 | Polio 1 | | 5 | child10431\_\_\_5 | Polio 2 | | 6 | child10431\_\_\_6 | Polio 3 | | 7 | child10431\_\_\_7 | Polio 4 | | 8 | child10431\_\_\_8 | Polio Booster | | 9 | child10431\_\_\_9 | Pentavalent 1 | | 10 | child10431\_\_\_10 | Pentavalent 2 | | 11 | child10431\_\_\_11 | Pentavalent 3 | | 12 | child10431\_\_\_12 | DPT Booster | | 13 | child10431\_\_\_13 | Pneumo 1 | | 14 | child10431\_\_\_14 | Pneumo 2 | | 15 | child10431\_\_\_15 | Pneumo 3 | | 16 | child10431\_\_\_16 | Rota 1 | | 17 | child10431\_\_\_17 | Rota 2 | | 18 | child10431\_\_\_18 | Rota 3 | | 19 | child10431\_\_\_19 | Measles 1 | | 20 | child10431\_\_\_20 | Measles 2 | | 21 | child10431\_\_\_21 | Yellow fever | | 22 | child10431\_\_\_22 | Vitamin A 1 | | 23 | child10431\_\_\_23 | Vitamin A 2 | | 24 | child10431\_\_\_24 | Vitamin A 3 | | 25 | child10431\_\_\_25 | Vitamin A 4 | |
| child10432 | 10432 Was care sought outside the home while (s)he had this illness? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10433  Show the field ONLY if:  [child10432] = '1' | 10433 Where or from whom did you seek this care? | dropdown   |  |  | | --- | --- | | 1 | traditional healer | | 2 | homeopath | | 3 | religious leader | | 4 | government hospital | | 5 | government health center or clinic | | 6 | private hospital | | 7 | community-based practitioner associated with health system | | 8 | trained birth attendant | | 9 | private physician | | 10 | Relative, friend (outside household) | | 11 | pharmacy | | 12 | Doesn't know | | 13 | Refused to answer | |
| child10434  Show the field ONLY if:  [child10432] = '1' | 10434 Record the name and address of any hospital health cantre or clinic where help was sought: | text |
| child10435  Show the field ONLY if:  [child10432] = '1' | 10435 Did a health care worker tell you the cause of death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10436  Show the field ONLY if:  [child10432] = '1' and [child10435] = '1' | 10436 What did the health care worker say? | text |
| child10437  Show the field ONLY if:  [child10432] = '1' | 10437 Do you have any health care records that belonged to the deceased? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10438  Show the field ONLY if:  [child10432] = '1' and [child10437] = '1' | 10438 Can I see the health records? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10439  Show the field ONLY if:  ([child10432] = '1') and ([child10437] = '1') and ([child10438] = '1') | 10439 Record the date of the most recent (last) visit | text (date\_dmy) |
| child10445  Show the field ONLY if:  [child10432] = '1' | 10445 Has the deceased's (biological) mother ever been tested for HIV? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10446  Show the field ONLY if:  [child10432] = '1' | 10446 Has the deceased's (biological) mother ever been told she had HIV\AIDS by a health worker? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10450 | 10450 In the final days before death, did s/he travel to a hospital or health facility? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10451  Show the field ONLY if:  [child10450] = '1' | 10451 Did (s)he use motorised transport to get to the hospital or health facility? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10452  Show the field ONLY if:  [child10450] = '1' | 10452 Were there any problems during admission to the hospital or health facility? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10453  Show the field ONLY if:  [child10450] = '1' | 10453 Were there any problems with the way (s)he was treated (medical treatment, procedures, interpersonal attitudes, respect, dignity) in the hospital or health facility? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10454  Show the field ONLY if:  [child10450] = '1' | 10454 Were there any problems getting medications, or diagnostic tests in the hospital or health facility? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10455 | 10455 Does it take more than 2 hours to get to the nearest hospital or health facility? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10456 | 10456 In the final days before death were there any doubts about whether medical care was needed? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10457 | 10457 In the final days before death, was traditional medicine used? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10458 | 10458 In the final days before death, did anyone use a telephone or cell phone to call for help? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10459 | 10459 Over the course of illness, did the total costs of care and treatment prohibit other household payments? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10462 | Section Header: *5f) Information from death certificate*  10462 Was a death certificate issued? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10463  Show the field ONLY if:  [child10462] = '1' | 10463 Can I see the death certificate? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| child10464  Show the field ONLY if:  [child10462] = '1' and [child10463] = '1' | 10464 Record the immediate cause of death from the certificate (line 1a) | text |
| child10465  Show the field ONLY if:  [child10462] = '1' and [child10463] = '1' | 10465 Duration (1a) | text |
| child10466  Show the field ONLY if:  [child10462] = '1' and [child10463] = '1' | 10466 Record the first antecedent cause of death from the certificate (line 1b) | text |
| child10467  Show the field ONLY if:  [child10462] = '1' and [child10463] = '1' | 10467 Duration (1c) | text |
| child10468  Show the field ONLY if:  [child10462] = '1' and [child10463] = '1' | 10468 Record the second antecedent cause of death from the certificate (line 1c) | text |
| child10469  Show the field ONLY if:  [child10462] = '1' and [child10463] = '1' | 10469 Duration (1c) | text |
| child10470  Show the field ONLY if:  [child10462] = '1' and [child10463] = '1' | 10470 Record the third antecedent cause of death from the certificate (line 1d) | text |
| child10471  Show the field ONLY if:  [child10462] = '1' and [child10463] = '1' | 10471 Duration (1d) | text |
| child10472  Show the field ONLY if:  [child10462] = '1' and [child10463] = '1' | 10472 Record the contributing cause(s) of death from the certificate (part 2) | text |
| child10473  Show the field ONLY if:  [child10462] = '1' and [child10463] = '1' | 10473 Duration (part 2) | text |
| child10476  Show the field ONLY if:  [child10462] = '1' and [child10463] = '1' | Section Header: *6) NARRATIVE DESCRIPTION OF FINAL ILLNESS*  10476 Describe the sequence of events preceding the death of the deceased? | notes |
| child10478  Show the field ONLY if:  [child10462] = '1' and [child10463] = '1' | Section Header: *7) CHECK LIST OF KEY INDICATORS FROM THE NARRATIVE DESCRIPTION*  10478 Are any of the following words of interest mentioned in the above narrative? | dropdown   |  |  | | --- | --- | | 1 | Chronic kidney disease | | 2 | Dialysis | | 3 | Fever | | 4 | Heart attack | | 5 | Heart problem | | 6 | Jaundice | | 7 | Liver failure | | 8 | Malaria | | 9 | Pneumonia | | 10 | Renal (kidney) failure | | 11 | Suicide | | 12 | None of the words above were mentioned | | 13 | Don't know | |
| child10481 | 10481 Time at end of interview | text (time) |