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| --- | --- | --- |
| **Variable Name** | **Question** | **Value type and value List** |
| neonate10004 | Section Header: *1) INFORMATION ABOUT THE PREVALENCE OF MALARIA AND HIV*  **2016 WHO VERBAL AUTOPSY**  ***Death of a child aged under four weeks (Neonate Form): Data Dictionary***  10004 During which season did (s)he die | dropdown   |  |  | | --- | --- | | 1 | Wet | | 2 | Dry | |
| neonate10007 | Section Header: *2) INFORMATION ABOUT THE RESPONDENT, CONSENT AND TIME OF INTERVIEW*  10007 What is the name of the VA respondent? | text |
| neonate10008 | 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 | |
| neonate10009 | 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. | |
| neonate10010 | 10010 What is the name of VA interviewer | text |
| neonate10011 | 10011 Time at start of interview | text (time) |
| neonate10012 | 10012 Date of interview | text (date\_dmy) |
| neonate10013 | 10013 Did the respondent give consent? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | |
| neonate10017 | Section Header: *3) INFORMATION ABOUT THE DECEASED 3a) Socio-demographic information*  10017 What was the first or given name(s) of the deceased? | text |
| neonate10018 | 10018 What was the surname (or family name) of the deceased? | text |
| neonate10019 | 10019 What was the sex of the deceased? | dropdown   |  |  | | --- | --- | | 1 | Female | | 2 | Male | |
| neonate10020 | 10020 Is the date of birth known? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | Ref. | |
| neonate10021  Show the field ONLY if:  [neonate10020] = '1' | 10021 When was the deceased born? | text (date\_dmy) |
| neonate10022 | 10022 Is the date of death known? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | Ref. | |
| neonate10023  Show the field ONLY if:  [neonate10022] = '1' | 10023 When did (s)he die? | text (date\_dmy) |
| neonate\_age\_group  Show the field ONLY if:  [neonate10022] = '1' | age\_group What age group corresponds to the deceased? | dropdown   |  |  | | --- | --- | | 1 | Neanate | | 2 | Child | | 3 | Adult | |
| neonate\_aaaa | AAAA Record the age at death of the neonate in days, hours, or minutes | text (number) |
| neonate\_dhm\_aaaa | Please select Days,Hours or Minutes  *Days, Hours or Minutes* | dropdown   |  |  | | --- | --- | | 1 | Days | | 2 | Hours | | 3 | Minutes | |
| neonate10051 | 10051 Is there a need to collect civil registration data on the deceased? | dropdown (autocomplete)   |  |  | | --- | --- | | 1 | Yes | |
| neonate10052 | 10052 was her/his citizenship / nationality? | dropdown   |  |  | | --- | --- | | 1 | Citizen at birth | | 2 | Naturalized citizen | | 3 | Foreign national | | 4 | DK | |
| neonate10053 | 10053 What was her/his ethnicity? | text |
| neonate10054 | 10054 What was his/her place of birth? | text |
| neonate10055 | 10055 What was his/her place of usual residence (the place where the person lived most of the year)? | text |
| neonate10057 | 10057 Where did death occur?(specify country, province, district, village) | text |
| neonate10058 | 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 | |
| neonate10061 | 10061 What was the name of the father? | text |
| neonate10062 | 10062 What was the name of the Mother? | text |
| neonate10069 | Section Header: *3b) Civil registration information*  10069 Is there a need to collect civil registration numbers on the deceased? | dropdown (autocomplete)   |  |  | | --- | --- | | 2 | No | |
| neonate10070  Show the field ONLY if:  [neonate10069] = '1' | 10070 Death registration number/certificate | text |
| neonate10071  Show the field ONLY if:  [neonate10069] = '1' | 10071 Date of registration | text (date\_dmy) |
| neonate10072  Show the field ONLY if:  [neonate10069] = '1' | 10072 Place of registration | text |
| neonate10073  Show the field ONLY if:  [neonate10069] = '1' | 10073 National identification number of deceased | text (number) |
| neonate10077 | 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. | |
| neonate10079  Show the field ONLY if:  [neonate10077] = '1' | 10079 Was it a road traffic accident? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10080  Show the field ONLY if:  [neonate10077] = '1' and [neonate10079] = '1' | 10080 What was her/his role in the road traffic accident? | dropdown   |  |  | | --- | --- | | 1 | Pedestrian | | 2 | In car or light vehicle | | 3 | In bus or heavy vehicle | | 4 | On a motorcycle | | 5 | On a pedal cycle | | 6 | Other | |
| neonate10081  Show the field ONLY if:  [neonate10077] = '1' and [neonate10079] = '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 | |
| neonate10082  Show the field ONLY if:  [neonate10077] = '1' | 10082 Was (s)he injured in a non-road transport accident? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10083  Show the field ONLY if:  [neonate10077] = '1' | 10083 Was (s)he injured in a fall? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10084  Show the field ONLY if:  [neonate10077] = '1' | 10084 Was there any poisoning? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10085  Show the field ONLY if:  [neonate10077] = '1' | 10085 Did (s)he die of drowning? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10086  Show the field ONLY if:  [neonate10077] = '1' | 10086 Was (s)he injured by a bite or sting of venomous animal? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10087  Show the field ONLY if:  [neonate10077] = '1' and ([neonate10086] = '2' or [neonate10086] = '3' or [neonate10086] = '4') | 10087 Was (s)he injured by an animal or insect (non-venemous) | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10088  Show the field ONLY if:  ([neonate10077] = '1') and ( [neonate10087] = '1') or ( [neonate10086] = '1') | 10088 What was the animal/insect? | dropdown   |  |  | | --- | --- | | 1 | Dog | | 2 | Snake | | 3 | insect or scorpion | | 4 | Other | | 5 | DK | |
| neonate10089  Show the field ONLY if:  [neonate10077] = '1' or ( [neonate10087] = '2' or [neonate10087] = '3' or [neonate10087] = '4') | 10089 Was (s)he injured by burns/fire? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10090  Show the field ONLY if:  [neonate10077] = '1' and ([neonate10087] = '2' or [neonate10087] = '3' or [neonate10087] = '4') | 10090 Was (s)he subject to violence (homocide, abuse)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10091  Show the field ONLY if:  [neonate10077] = '1' | 10091 Was (s)he injured by a fire arm? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10092  Show the field ONLY if:  [neonate10077] = '1' | 10092 Was (s)he stabbed, cut or pierced? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10093  Show the field ONLY if:  [neonate10077] = '1' | 10093 Was (s)he strangled? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10094  Show the field ONLY if:  [neonate10077] = '1' | 10094 Was (s)he injured by a blunt force? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10095  Show the field ONLY if:  [neonate10077] = '1' | 10095 Was (s)he injured by a force of nature? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10096  Show the field ONLY if:  [neonate10077] = '1' | 10096 Was it electrocution? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10097  Show the field ONLY if:  [neonate10077] = '1' | 10097 Was (s)he injured by some other injury? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10098  Show the field ONLY if:  [neonate10077] = '1' | 10098 Was the injury accidental? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10100  Show the field ONLY if:  [neonate10077] = '1' | 10100 Was the injury or accident intentionally inflicted by someone else? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10104 | Section Header: *VERIFICATION OF POSSIBLE STILLBIRTH*  10104 Did the baby ever cry? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10105  Show the field ONLY if:  [neonate10104] = '1' | 10105 Did the baby cry immediately after birth, even if only a little bit? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10106  Show the field ONLY if:  [neonate10104] = '1' | 10106 How many minutes after birth did the baby first cry (use 999 for never)?  *Minutes* | text (number) |
| neonate10107  Show the field ONLY if:  [neonate10104] = '1' | 10107 Did the baby stop being able to cry? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10108  Show the field ONLY if:  [neonate10104] = '1' and [neonate10107] = '1' | 10108 How many hours before death did the baby stop crying?  *Hours* | text (number) |
| neonate10109 | 10109 Did the baby ever move? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10110 | 10110 Did the baby ever breathe? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10111  Show the field ONLY if:  [neonate10110] = '1' or [neonate10110] = '3' or [neonate10110] = '4' | 10111 Did the baby breathe immediately after birth, even a little? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10112  Show the field ONLY if:  [neonate10110] = '1' or [neonate10110] = '3' or [neonate10110] = '4' | 10112 Did the baby have a breathing problem? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10113  Show the field ONLY if:  [neonate10110] = '1' or [neonate10110] = '3' or [neonate10110] = '4' | 10113 Was the baby given assistance to breathe at birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10114 | 10114 If the baby didn't show any sign of life, was it born dead? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10115 | 10115 Was there any bruises or signs of injury on the child's body after birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10116  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10116 Was the baby's body soft pulpy and discloured and the skin peeling away? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10120  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 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?  *Days* | text (number) |
| neonate10122  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10122 For how many weeks was (s)he ill before (s)he died?  *Weeks* | text (number) |
| neonate10123  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10123 Did (s)he die suddenly? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10147  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | Section Header: *5b) General signs and symptoms associated with final illness*  10147 Did (s)he have a fever? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10148  Show the field ONLY if:  [neonate10147] = '1' and ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') | 10148 For how many days did the fever last?  *Days* | text (number) |
| neonate10149  Show the field ONLY if:  [neonate10147] = '1' and [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10149 Did the fever continue until death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10153  Show the field ONLY if:  ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' ) or ( [neonate10147] = '2' or [neonate10147] = '3' or [neonate10147] = '4') | 10153 Did (s)he have a cough? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10158  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10158 Did (s)he make a whooping sound when coughing? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10159  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10159 Did (s)he have any difficulty breathing? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10161  Show the field ONLY if:  [neonate10159] = '1' and [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10161 For how many days did the difficulty breathing last?  *Days* | text (number) |
| neonate10166  Show the field ONLY if:  ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' ) or ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') | 10166 During the illness that led to death, did (s)he have fast breathing? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10167  Show the field ONLY if:  [neonate10166] = '1' and ( [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') | 10167 For how many days did the fast breathing last?  *Days* | text (number) |
| neonate10168  Show the field ONLY if:  ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' ) or ([neonate10166] = '2' or [neonate10166] = '3' or [neonate10166] = '4') | 10168 Did (s)he have breathlessness? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10169  Show the field ONLY if:  [neonate10168] = '1' and ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') | 10169 For how many days did the breathlessness last?  *Days* | text (number) |
| neonate10172  Show the field ONLY if:  ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') or ( [neonate10168] = '2' or [neonate10168] = '3' or [neonate10168] = '4') | 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. | |
| neonate10173  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 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. | |
| neonate10181  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10181 Did (s)he have more frequent loose or liquid stools than usual? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10183  Show the field ONLY if:  [neonate10181] = '1' and ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') | 10183 How many stools did the baby or child have on the day that loose liquid stools were most frequent?  *Stools* | text (number) |
| neonate10184  Show the field ONLY if:  [neonate10181] = '1' and ( [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') | 10184 How many days before death did the frequent loose or liquid stools start?  *Days* | text (number) |
| neonate10186  Show the field ONLY if:  [neonate10181] = '1' and ( [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') | 10186 At any time during the final illness was there blood in the stool? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10188  Show the field ONLY if:  ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') or ([neonate10181] = '2' or [neonate10181] = '3' or [neonate10181] = '4') | 10188 Did (s)he vomit? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10189  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10189 Did (s)he vomit in the week preceding death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10214  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10214 Was (s)he unconscious during the illness that led to death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10215  Show the field ONLY if:  [neonate10214] = '1' and ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') | 10215 Was (s)he unconscious for more than 24 hours before death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10219  Show the field ONLY if:  ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') or ([neonate10214] = '2' or [neonate10214] = '3' or [neonate10214] = '4') | 10219 Did (s)he have convulsions? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10233  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10233 During the illness that led to death, did (s)he have any skin rash? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10239  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10239 During the illness that led to death, did (s)he have areas of the skin turn black? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10240  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10240 During the illness that led to death, did (s)he have areas of the skin with redness or swelling? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10241  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10241 During the illness that led to death, did (s)he have bleed anywhere? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10265  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10265 Did (s)he have yellow discoloration of the eyes? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10271  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | Section Header: *5c) Signs and symptoms associated with child and neonatal deaths*  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. | |
| neonate10272  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10272 Did the baby ever suckle in a normal way? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10273  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10273 Did the baby stop suckling? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10274  Show the field ONLY if:  [neonate10273] = '1' and ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') | 10274 How many days after birth did the baby stop suckling?  *Days* | text (number) |
| neonate10275  Show the field ONLY if:  ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') or ([neonate10273] = '2' or [neonate10273] = '3' or [neonate10273] = '4') | 10275 Did the baby have convulsions in the first 24 hours of life? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10276  Show the field ONLY if:  ([neonate10275] = '2' or [neonate10275] = '3' or [neonate10275] = '4') and ( [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') | 10276 Did the baby have convulsions starting more than 24 hrs after birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10277  Show the field ONLY if:  ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') or [neonate10275] = '1' | 10277 Did the baby's body become stiff, with the head arched backwards? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10278  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10278 During the illness that led to death did the baby have a bulging or raised fontanelle?  *(ask only up to 18 months)* | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10279  Show the field ONLY if:  ([neonate10278] = '2' or [neonate10278] = '3' or [neonate10278] = '4') and ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') | 10279 During the illness that led to death did the baby have a sunken fontanelle?  *(ask only up to 18 months)* | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10281  Show the field ONLY if:  ([neonate10278] = '2' or [neonate10278] = '3' or [neonate10278] = '4') and ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') | 10281 During the illness that led to death, did the baby become unresponsive or unconscious? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10282  Show the field ONLY if:  ([neonate10278] = '2' or [neonate10278] = '3' or [neonate10278] = '4') and ([neonate10281] = '1') and ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') | 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. | |
| neonate10283  Show the field ONLY if:  ([neonate10278] = '2' or [neonate10278] = '3' or [neonate10278] = '4') and [neonate10281] = '1' and ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') | 10283 Did the baby become unresponsive or unconscious more than 24 hours after birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10284  Show the field ONLY if:  ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') or [neonate10281] = '2' or [neonate10281] = '3' or [neonate10281] = '4' | 10284 During the illness that led to death did the baby become cold to touch? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10285  Show the field ONLY if:  [neonate10284] = '1' and ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') | 10285 How many days old was the baby when it started feeling cold to touch?  *days* | text (number) |
| neonate10286  Show the field ONLY if:  ([neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4') or ( [neonate10284] = '2' or [neonate10284] = '3' or [neonate10284] = '4') | 10286 During the illness that led to death did the baby become lethargic after a period of normal activity? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10287  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10287 Did the baby have redness or pus drainage from the umbilical cord stump? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10288  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10288 During the illness that led to death did the baby have skin ulcers or pits? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10289  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10289 During the illness that led to death did the baby have yellow skin, palms (hand) or soles (foot)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10290  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10290 Did the baby appear healthy and then just die suddenly? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10347  Show the field ONLY if:  [neonate10114] = '1' or [neonate10114] = '3' or [neonate10114] = '4' | 10347 Was the baby born more than one month early? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10351 | 10351 How old was the baby when the fatal illness started?  *Days* | text (number) |
| neonate10354 | 10354 Was the child part of a multiple birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10355  Show the field ONLY if:  [neonate10354] = '1' | 10355 Was the child the first, second, or later in the birth order? | dropdown   |  |  | | --- | --- | | 1 | First | | 2 | Second or later | |
| neonate10356 | 10356 Is the mother still alive? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10357  Show the field ONLY if:  [neonate10356] = '2' or [neonate10356] = '3' or [neonate10356] = '4' | 10357 Did the mother die during or after the delivery? | dropdown   |  |  | | --- | --- | | 1 | During delivery | | 2 | After delivery | |
| neonate10358  Show the field ONLY if:  ([neonate10356] = '2' or [neonate10356] = '3' or [neonate10356] = '4') and ([neonate10357] = '2') | 10358 How many months after delivery did the mother die?  *Months* | text (number) |
| neonate10359  Show the field ONLY if:  ([neonate10356] = '2' or [neonate10356] = '3' or [neonate10356] = '4') and ([neonate10357] = '2') | 10359 How many days after delivery did the mother die?  *Days* | text (number) |
| neonate10360 | 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 | |
| neonate10361 | 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. | |
| neonate10362 | 10362 At birth was the baby of usual size? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10363  Show the field ONLY if:  [neonate10362] = '2' or [neonate10362] = '3' or [neonate10362] = '4' | 10363 At birth was the baby smaller than usual (weighing under 2.5 kgs)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10364  Show the field ONLY if:  ([neonate10362] = '2' or [neonate10362] = '3' or [neonate10362] = '4' ) and ([neonate10363] = '1') | 10364 At birth was the baby very much smaller than usual (weighing under 1 kg)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10365  Show the field ONLY if:  [neonate10364] = '1' or [neonate10362] = '1' or ( [neonate10363] = '2' or [neonate10363] = '3' or [neonate10363] = '4') | 10365 At birth was the baby larger than usual (weighing over 4.5 kgs)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10366 | 10366 What was the weight in grammes of the deceased at birth?  *Grammes* | text |
| neonate10367 | 10367 How many months long was the pregancy before birth?  *Months* | text |
| neonate10368 | 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. | |
| neonate10369 | 10369 there any complications during labour or delivery? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10370 | 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. | |
| neonate10371  Show the field ONLY if:  [neonate10370] = '1' or [neonate10370] = '3' or [neonate10370] = '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. | |
| neonate10372  Show the field ONLY if:  [neonate10370] = '1' or [neonate10370] = '3' or [neonate10370] = '4' | 10372 Did the baby/child have a very large head at time of birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10373  Show the field ONLY if:  ([neonate10370] = '1' or [neonate10370] = '3' or [neonate10370] = '4') and ( [neonate10372] = '2' or [neonate10372] = '3' or [neonate10372] = '4') | 10373 Did the baby/child have a very small head at time of birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10376 | 10376 Was the baby moving in the last few days before birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10377 | 10377 Did the baby stop moving in the womb before labour started? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10379  Show the field ONLY if:  [neonate10377] = '1' or [neonate10377] = '3' or [neonate10377] = '4' | 10379 How many days before labour did you or the mother last feel the baby move? (maybe the repondent or health worker had examined the mother)  *Hours* | text (number) |
| neonate10380  Show the field ONLY if:  [neonate10377] = '1' or [neonate10377] = '3' or [neonate10377] = '4' | 10380 How many hours before labour did you or the mother last feel the baby move? (maybe the repondent or health worker had examined the mother)  *Hours* | text (number) |
| neonate10382 | 10382 How many hours did labour and delivery take?  *Hours* | text (number) |
| neonate10383 | 10383 Was the baby born 24 hours or more after the water broke? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10384 | 10384 Was the liquor foul smelling? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10385 | 10385 What was the colour of the liquor when the water broke? | dropdown   |  |  | | --- | --- | | 1 | Green or brown | | 2 | Clear | | 3 | Other | | 4 | DK | | 5 | Ref | |
| neonate10387 | 10387 Was the delivery normal vaginal without forceps or vacuum? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10388  Show the field ONLY if:  [neonate10387] = '2' or [neonate10387] = '3' or [neonate10387] = '4' | 10388 Was the delivery vaginal, with forceps or vacuum? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10389  Show the field ONLY if:  ([neonate10387] = '2' or [neonate10387] = '3' or [neonate10387] = '4') and ( [neonate10388] = '2' or [neonate10388] = '3' or [neonate10388] = '4') | 10389 Was the delivery a caesarean section? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10391 | 10391 Did you/the mother receive any vaccinations since reaching adulthood including during this pregnancy? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10392  Show the field ONLY if:  [neonate10391] = '1' | 10392 How many doses? | text |
| neonate10393  Show the field ONLY if:  [neonate10391] = '1' | 10393 Did the mother receive tetanus toxoid (TT) vaccine? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10394 | 10394 How many births, including stillbirths did the baby's mother have before this baby?  *Births* | text |
| neonate10395 | 10395 During labour, did the baby's mother suffer from fever? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10396 | 10396 During the last 3 months of pregnancy, labour or delivery, did the baby's mother suffer from high blood pressure? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10397 | 10397 Did the baby's mother have diabetes mellitus? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10398 | 10398 Did the baby's mother have foul smelling vaginal discharge during pregnancy or after delivery? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10399 | 10399 During the last 3 months of pregnancy, labour or delivery, did the baby's mother suffer from convulsions? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10400 | 10400 During the last 3 months of pregnancy did the baby's mother suffer from blurred vision? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10401 | 10401 Did the baby's mother have severe anemia? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10402 | 10402 Did the baby's mother have vaginal bleeding during the last 3 months of pregnancy but before labour started? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10403 | 10403 Did the baby's bottom, feet, arm or hand come out of the vagina before its head? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10404 | 10404 Was the umbilical cord wrapped more than once around the neck of the child at birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10405 | 10405 Was the umbilical cord delivered first? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10406 | 10406 Was the baby blue in colour at birth? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10408 | 10408 Before the illness that led to death was the baby/ child growing normally? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10418 | Section Header: *5d) 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. | |
| neonate10419  Show the field ONLY if:  [neonate10418] = '1' | 10419 Did (s)he receive oral rehydration salts? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10420  Show the field ONLY if:  [neonate10418] = '1' | 10420 Did (s)he receive (or need) intravenous fluids (drip) treatment? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10421  Show the field ONLY if:  [neonate10418] = '1' | 10421 Did (s)he receive (or need) a blood transfusion? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10422  Show the field ONLY if:  [neonate10418] = '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. | |
| neonate10423  Show the field ONLY if:  [neonate10418] = '1' | 10423 Did (s)he receive (or need) injectable antibiotics? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10424  Show the field ONLY if:  [neonate10418] = '1' | 10424 Did (s)he receive (or need) antiretroviral therapy (ART)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10425  Show the field ONLY if:  [neonate10418] = '1' | 10425 Did (s)he have (or need) an operation for the illness? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10426  Show the field ONLY if:  [neonate10418] = '1' | 10426 Did (s)he have the operation within 1 month before death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10427  Show the field ONLY if:  [neonate10418] = '1' | 10427 Was (s)he discharged from hospital very ill? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10428 | 10428 Had (s)he received immunisation? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10429  Show the field ONLY if:  [neonate10428] = '1' | 10429 Do you have the child's vaccination card? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10430  Show the field ONLY if:  [neonate10428] = '1' | 10430 Can I see the vaccination card (and note the vaccines the child received)? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10431  Show the field ONLY if:  [neonate10428] = '1' | 10431 Note vaccines here | checkbox   |  |  |  | | --- | --- | --- | | 1 | neonate10431\_\_\_1 | BCG | | 2 | neonate10431\_\_\_2 | Hepatitis B | | 3 | neonate10431\_\_\_3 | Polio 0 | | 4 | neonate10431\_\_\_4 | Polio 1 | | 5 | neonate10431\_\_\_5 | Polio 2 | | 6 | neonate10431\_\_\_6 | Polio 3 | | 7 | neonate10431\_\_\_7 | Polio 4 | | 8 | neonate10431\_\_\_8 | Polio Booster | | 9 | neonate10431\_\_\_9 | Pentavalent 1 | | 10 | neonate10431\_\_\_10 | Pentavalent 2 | | 11 | neonate10431\_\_\_11 | Pentavalent 3 | | 12 | neonate10431\_\_\_12 | DPT Booster | | 13 | neonate10431\_\_\_13 | Pneumo 1 | | 14 | neonate10431\_\_\_14 | Pneumo 2 | | 15 | neonate10431\_\_\_15 | Pneumo 3 | | 16 | neonate10431\_\_\_16 | Rota 1 | | 17 | neonate10431\_\_\_17 | Rota 2 | | 18 | neonate10431\_\_\_18 | Rota 3 | | 19 | neonate10431\_\_\_19 | Measles 1 | | 20 | neonate10431\_\_\_20 | Measles 2 | | 21 | neonate10431\_\_\_21 | Yellow fever | | 22 | neonate10431\_\_\_22 | Vitamin A 1 | | 23 | neonate10431\_\_\_23 | Vitamin A 2 | | 24 | neonate10431\_\_\_24 | Vitamin A 3 | | 25 | neonate10431\_\_\_25 | Vitamin A 4 | |
| neonate10432 | 10432 Was care sought outside the home while (s)he had this illness? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10433  Show the field ONLY if:  [neonate10432] = '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 | |
| neonate10434  Show the field ONLY if:  [neonate10432] = '1' | 10434 Record the name and address of any hospital health cantre or clinic where help was sought: | text |
| neonate10435 | 10435 Did a health care worker tell you the cause of death? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10436  Show the field ONLY if:  [neonate10435] = '1' | 10436 What did the health care worker say? | text |
| neonate10437 | 10437 Do you have any health care records that belonged to the deceased? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10438  Show the field ONLY if:  [neonate10437] = '1' | 10438 Can I see the health records? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10439  Show the field ONLY if:  [neonate10437] = '1' and [neonate10438] = '1' | 10439 Record the date of the most recent (last) visit | text (date\_dmy) |
| neonate10445 | 10445 Has the deceased's (biological) mother ever been tested for HIV? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10446 | 10446 Has the deceased | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10450 | 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. | |
| neonate10451  Show the field ONLY if:  [neonate10450] = '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. | |
| neonate10452  Show the field ONLY if:  [neonate10450] = '1' | 10452 Were there any problems during admission to the hospital or health facility? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10453  Show the field ONLY if:  [neonate10450] = '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. | |
| neonate10454  Show the field ONLY if:  [neonate10450] = '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. | |
| neonate10455 | 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. | |
| neonate10456 | 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. | |
| neonate10457 | 10457 In the final days before death, was traditional medicine used? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10458 | 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. | |
| neonate10459 | 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. | |
| neonate10462 | Section Header: *5e) Death certificate information*  10462 Was a death certificate issued? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10463  Show the field ONLY if:  [neonate10462] = '1' | 10463 Can I see the death certificate? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 2 | No | | 3 | DK | | 4 | Ref. | |
| neonate10464  Show the field ONLY if:  [neonate10462] = '1' and [neonate10463] = '1' | 10464 Record the immediate cause of death from the certificate (line 1a) | text |
| neonate10465  Show the field ONLY if:  [neonate10462] = '1' and [neonate10463] = '1' | 10465 Duration (1a) | text |
| neonate10466  Show the field ONLY if:  [neonate10462] = '1' and [neonate10463] = '1' | 10466 Record the first antecedent cause of death from the certificate (line 1b) | text |
| neonate10467  Show the field ONLY if:  [neonate10462] = '1' and [neonate10463] = '1' | 10467 Duration (1c) | text |
| neonate10468  Show the field ONLY if:  [neonate10462] = '1' and [neonate10463] = '1' | 10468 Record the second antecedent cause of death from the certificate (line 1c) | text |
| neonate10469  Show the field ONLY if:  [neonate10462] = '1' and [neonate10463] = '1' | 10469 Duration (1c) | text |
| neonate10470  Show the field ONLY if:  [neonate10462] = '1' and [neonate10463] = '1' | 10470 Record the third antecedent cause of death from the certificate (line 1d) | text |
| neonate10471  Show the field ONLY if:  [neonate10462] = '1' and [neonate10463] = '1' | 10471 Duration (1d) | text |
| neonate10472  Show the field ONLY if:  [neonate10462] = '1' and [neonate10463] = '1' | 10472 Record the contributing cause(s) of death from the certificate (part 2) | text |
| neonate10473  Show the field ONLY if:  [neonate10462] = '1' and [neonate10463] = '1' | 10473 Duration (part 2) | text |
| neonate10476  Show the field ONLY if:  [neonate10462] = '1' and [neonate10463] = '1' | Section Header: *6) NARRATIVE DESCRIPTION OF FINAL ILLNESS*  10476 Describe the sequence of events preceding the death of the deceased ? | notes |
| neonate10479  Show the field ONLY if:  [neonate10462] = '1' and [neonate10463] = '1' | Section Header: *7) CHECK LIST OF KEY INDICATORS FROM THE NARRATIVE DESCRIPTION*  10479 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 | |
| neonate10481 | 10481 Time at end of interview: | text (time) |