» Background Information

*Interviewer Name?

*Interviewer Phone **1**

*Interviewer area of work **2** note: Please give CC number

*Address of/directions to household **3**

In number 1 field, it should be integer input (Only Number), and for our Bangladesh perspective, it should be limited to 11 digits. There must be a validation and error message If someone fails to give 11 digits.

(Example Phone: 01710571571) , must be 11 number, now it is taking more than 11.

In number 2 field, it should be integer input (only number). We need to give some note: about answering "Please give CC number"

In number 3 field, the field is not necessary for us. You can omit this field.

» Death notification - VA_ID number

VA ID is a 17 digit number comprising of Year, District, RMO, Upazila/PS, Union/ward, Personal #

*Year

Must be 4 digits or less

| 8583 | **should be in between 2000 - 3000** |

*District

Must be 2 digits or less

| 1 | **no less, exactly 2 digit** |

*RMO

Must be 1 digit or less

| 7 | **exactly 1 digit** |

In 'year' field, there must be a range value to avoid wrong information. A certain range can be a great help to avoid error.

District must be 2 digits, RMO code must be 1 digit. (No less than that)

Same for Upazila/PS*and Union/ward – Must be 2 Digit

» Death notification - VA_ID number continued...

* **Upazila/PS**
Must be 2 digits or less

```
01
```

* **Union/ward**
Must be 2 digits or less

```
85
```

* **Personal #**
Must be 6 digits

```
000050
```

Must be 6 digits

there is 6 digit, but for 0000,
it is considering it 2 digit?

If we make the field must for two digits, 0 is not considering as digits. Some of the personal numbers are started with 4 zeros. (example: 000048)

So we think we have to change the logic.

» What was the name of the deceased?

*Surname of deceased ①

*First Name of deceased ②

Other Name of deceased (if appropriate) ③

Instead of 3 fields there, we should go with only two fields;

First name and last name. Where only First name is mandatory.

In our country we use the first name first, rearranging the field is necessary.

▼ Death Date

*Is the date of death known?

⦿ Yes
○ No

*What date did the deceased die?
Please change the below to match the date of death

2018-03-06

Validation needed for last 2-3 years only.

The death date must be within 2 to 3 years range.

▼ Birth Date

* Is the deceased Birth date known?

note: if National ID card is available, Please collect the birthdate from there.

◉ Yes

○ No

Need to input the note: If national ID card is available, collect the birthdate from there.

* Respondent's relationship to deceased   ← 1

○ Mother

○ Father   Note: Who are you to deceased person? (In Bengali Also)

○ Grandmother

○ Grandfather

○ Aunt

○ Uncle

○ Husband

○ Wife

○ Brother

We should rephrase the question for better understanding; we need to rearrange the option according to priority / relation. If he needs to specify something the field must be at the below.

* Respondent's relationship to deceased

- ◯ Mother
- ◯ Father
- ◯ Grandmother
- ◯ Grandfather
- ◯ Aunt
- ◯ Uncle   Rearrage need
- ◯ Husband
- ◯ Wife
- ◯ Brother
- ◯ Sister
- ◉ Birth attendant (specify type)
- ◯ Other male (specify)
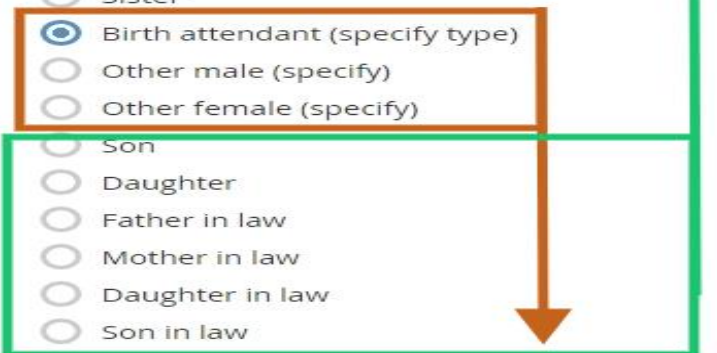- ◯ Other female (specify)
- ◯ Son
- ◯ Daughter
- ◯ Father in law
- ◯ Mother in law
- ◯ Daughter in law
- ◯ Son in law

▼ » Registration Date

* Record the date of registration   Date should not be before the person died.

2018-02-07   ⟳

The registration number has been recorded as VA_201817185758962
Please check this is the correct Registration Number.

Death registration date must be after the person died. There should be a validation field with the person death date. Currently, I tested that the field is taking entry before the date of the death occurs.

*Did the decedent have a National ID number?

- ⦿ Yes
- ◯ No
- ◯ Too young for a National ID number
- ◯ Not relevant
- ◯ Refused to answer
- ◯ Don't know

Record the National ID number: Note: If it is 13 digits, make it 17 digits by putting the birth year before
Example: 123456XXXXXX, make it with year 19XX123456XXXXXXX

To make sure of the correct entry of national ID card, give some note.

*Was the injury or accident self-inflicted?

- ⦿ Yes
- ◯ No
- ◯ Refused to answer
- ◯ Don't know

*Was the injury or accident intentionally inflicted by someone else?

- ⦿ Yes
- ◯ No
- ◯ Refused to answer
- ◯ Don't know

I think the question is contradictory if the accident is self-inflicted, how can it be infected by others?

* Did Abdur have difficulty swallowing?

- ◉ Yes
- ○ No
- ○ Refused to answer
- ○ Don't know

Need Bangla Rephrasing

* For how long before death did Abdur have difficulty swallowing?

- ○ Days (enter on next page)
- ○ Months (enter on next page)
- ○ Refused to answer
- ○ Don't know

* Was the difficulty with swallowing with solids, liquids, or both?

- ○ Solids
- ○ Liquids
- ○ Both
- ○ Refused to answer
- ○ Don't know

Need Bangla Rephrasing

* Did Abdur have pain upon swallowing?

- ◉ Yes
- ○ No
- ○ Refused to answer
- ○ Don't know

Need Bangla Rephrasing.

* How old was the baby/child when the fatal illness started?

Less than 24 hours = 00 days. Enter age in days up to 28 days. Enter 29 days as 1 month. From 1-11 months, enter age in months. Enter 12 months as 1 year. From 1 year, enter age in years.

- ⦿ Days (enter on next page)
- ◯ Months (enter on next page)
- ◯ Years (enter on next page)
- ◯ Refused to answer
- ◯ Don't know

* Days

Enter 99 if unknown

13

I Gave the Age of the child: 20 Days

▼ » » Illness Duration Details

* How long did the illness last?

Less than 24 hours = 00 days. Enter duration in days up to 28 days. Enter 29 days as 1 month. From 1-11 months, enter duration of illness in months. Enter 12 months as 1 year. From 1 year, enter age in years.

- ⦿ Days (enter on next page)
- ◯ Months (enter on next page)
- ◯ Refused to answer
- ◯ Don't know

* Days

Enter 99 if unknown

20

Need Data Validation: Count must be within (Age of the child – Start Date of the symptoms)

*Was the delivery ... ?

○ Vaginal with forceps   Need to add an option

○ Vaginal without forceps   *) Vaginal with Episiotomy

○ Vaginal, Don't know if forceps or not

○ C-section

○ Refused to answer

○ Don't know

Need to add an option, "Vaginal with Episiotomy"

*Was any part of the baby physically abnormal at time of delivery?

For example: body part too large or too small, additional growth on body

◉ Yes

○ No

○ Refused to answer

                    Need to add an option
○ Don't know   (Cleft Lip / Cleft Palate)

*What were the abnormalities? (Mark all that apply)

☐ Head size very small at time of birth

☐ Head size very large at time of birth

☐ Mass defect on the back of head or spine

☐ Other (specify -- cleft lip shown as example)

☐ Refused to answer

☐ Don't know

Need to add an option

(Cleft Lip / Cleft Palate)

Image Source:
https://en.wikipedia.org/wiki/Cleft_lip_and_cleft_palate#/media/File:13900470_3PREOPERATION0.jpg

(It's copyright free)

*Did the baby have difficulty breathing?

○ Yes ●
○ No
○ Refused to answer
○ Don't know

*Was anything done to try to help the baby breathe at birth?

○ Yes
○ No ●
○ Refused to answer
○ Don't know

*Did the baby cry immediately after birth?

○ Yes ●
○ No
○ Refused to answer
○ Don't know

Repeated Question

*Did the baby stop being able to cry?

○ Yes
○ No ●
○ Refused to answer
○ Don't know

*Was the baby able to suckle in a normal way during the first day of life?

○ Yes
○ No ●
○ Refused to answer
○ Don't know

*Did the baby ever suckle in a normal way?

○ Yes ●
○ No
○ Refused to answer
○ Don't know

*During the illness that led to death, did the baby have difficult breathing?

○ Yes
○ No ●
○ Refused to answer
○ Don't know

Repeated Question; Similar Question.

*Where or from whom did you seek care? (Check all that apply)

- [ ] Traditional healer
- [ ] Homeopath
- [ ] Religious leader
- [ ] Government hospital
- [x] Govermental health center or clinic
- [ ] Private hospital
- [x] Community-based practitioner associated with health system
- [ ] Trained birth attendant
- [ ] Private physician
- [ ] Pharmacy, drug seller, store, market
- [ ] Other provider
- [ ] Relative, friend (outside household)
- [ ] Refused to answer
- [ ] Don't know

Little Bit Confusion

*Record the name and address of any hospital, health center or clinic where care was sought:

asdasd

If he goes to multiple facility, how can he write, is this field really mandatory?

▼ » HIV Testing Information

Where is the Question?

▼ Open Ended Response and Interviewer Comments/Observations Section

I didn't find any way to get the HIV related question.