First appendix to Christopher Grollman's PhD thesis, "Assigning HIV/AIDS as a cause of adult death using verbal autopsy: performance of three methods and their effects on estimates of HIV/AIDS-related mortality".

The full thesis is available at LSHTM Research Online: http://researchonline.lshtm.ac.uk/

Appendix 1: Verbal autopsy questionnaires used in the Kisesa and Manicaland demographic surveillance systems

TANESA
KISESA

1994-2002, with minor deviations

JINA LA MTU AMEYEFARIKI _____

NAMBA YA KIJIJI .....

JINA LA KITONGOJI _____

NAMBA YA KITONGOJI.....

JINA LA BALOZI _____

NAMBA YA BALOZI.....

JINA LA MKUU WA KAYA _____

NAMBA YA KAYA.....

JINSIA (MUME = 1 MKE = 2) .....

TAREHE YA KUZALIWA .....MWEZI..

MWAKA..

TAREHE YA KUFARIKI .....SIKU ..

MWEZI..

MWAKA..

UMRI .....SIKU .. 1

(IF LESS THAN 1 MONTH: USE DAYS MWEZI.. 2
IF LESS THAN 5 YEARS: USE MONTHS
OTHERWISE USE YEARS) MWAKA.. 3

DATE OF INTERVIEW .....SIKU ..

MWEZI..

MWAKA..

NAME OF MAIN RESPONDENT_____

RELATIONSHIP TO THE DECEASED..... RELAT

(BABA/MAMA=1 MTOTO=2 KAKA/DADA=3 MKE/MUME=4
OTHER RELATIVE=5 MWINGINE=6)

101 ASK THE RESPONDENT ABOUT HIS/HER ACCOUNT OF THE CAUSE OF DEATH OF (JINA)

111	During the two weeks before (NAME) died, did he/she suffer from any major injury, poisoning, burn or drowning?	1 2 3 4 5 6 7 8 6 9 7	POISONING..... FALL ..... BURN ..... DROWNING ..... ALCOHOL INTOXICATI ATE TOXIC HERBS/PL MOTOR VEHICLE ACCI OTHER INJURY ..... DEATH NOT DUE TO I
112	Was it an accident, was inflicted by someone else, or self-inflicted?		ACCIDENT ..... HOMICIDE ..... SUICIDE ..... DON'T KNOW .....

"explain"? String various symptom reports.

"death" coded 0, 1, 4, 7

"accident" = 0, 1, 2, 8

FOR NEONATAL DEATHS (IF AGE AT DEATH IS 30 DAYS OR LESS)

201	AGE AT DEATH 30 DAYS OR LESS +--+ +--+	AGE AT DAYS MORE THAN 30 DAYS +--+ +----
202	Where was the baby delivered?	HOME ..... RELATIVE'S HOME .. TBA'S HOME ..... DISPENSARY / HEALT BUGANDO MEDICAL CE OTHER HOSPITAL ... OTHER ..... DON'T KNOW .....
203	Was it a difficult delivery? IF YES: What was wrong?	LASTED LONGER THAN FEET CAME FIRST .. EXCESSIVE BLEEDING CAESARIAN SECTION BABY GOT STUCK ... OTHER _____ DON'T KNOW .....
204	Was it a single birth or a multiple birth (twin or triplet)?	SINGLETON..... TWIN OR TRIPLET... DON'T KNOW .....
205	Did the child have any abnormalities of the head, body or limbs, or elsewhere?	MALFORMED HEAD ... MALFORMED BODY ... MALFORMED LIMBS .. MULTIPLE MALFORMAT OTHER _____ (SPECIFY) NONE ..... DON'T KNOW .....
206	Was the baby born alive?	YES ..... NO ..... DON'T KNOW .....
207	Was the baby born on time, too early or too late?	ON TIME..... TOO EARLY..... TOO LATE..... DON'T KNOW .....
208	When the baby was born was he/she very small, small, average or large?	VERY SMALL ..... SMALL ..... AVERAGE..... LARGE ..... DON'T KNOW .....
209	Was the baby weighed at birth?	YES ..... NO ..... DON'T KNOW .....
210	What was the birth weight?	KILOGRAMS ..... DON'T KNOW .....

211	Did the baby die within a few hours or before the end the first day?	YES ..... NO ..... DON'T KNOW .....
212	Did the baby suck or drink normally during the first two days of life?	YES ..... NO ..... DON'T KNOW .....
213	Did the baby have spasms or convulsions during the disease that led to death?	YES ..... NO ..... DON'T KNOW .....
214	Were the spasms worsened by touch, light or noise?	YES ..... NO ..... DON'T KNOW .....
215	Did the baby stop suckling normally during the illness?	YES ..... NO ..... DON'T KNOW .....
216	How many days before death did he/she stop suckling normally?	DAYS ..... DON'T KNOW .....
221	Did the baby have frequent loose stools or liquid stools during the disease that led to death?	YES ..... NO ..... DON'T KNOW .....
222	For how many days?	DAYS ..... DON'T KNOW .....
223	What was the highest number of stools the baby had in in one day?	NUMBER OF STOOLS . DON'T KNOW .....
224	Did the baby have blood in the stools?	YES ..... NO ..... DON'T KNOW .....
225	For how many days?	DAYS ..... DON'T KNOW .....
226	Did the eyes become more sunken during the illness?	YES ..... NO ..... DON'T KNOW .....
227	Did he/she have dehydration?	YES ..... NO ..... DON'T KNOW .....

228	Who did you consult about the problem with loose stools? Anyone else? RECORD ALL MENTIONED	NOBODY..... RELATIVE/FRIENDS.. TRADITIONAL HEALER PHARMACIST ..... PRIVATE HEALTH FAC GOVT DISPENSARY/HE HOSPITAL ..... DON'T KNOW .....
229	Was the baby given any ORS (LOCAL TERM) when he/she was ill?	YES ..... NO ..... DON'T KNOW .....
231	Did the baby have a cough?	YES ..... NO ..... DON'T KNOW .....
232	For how many days?	DAYS ..... DON'T KNOW .....
233	Did the baby have trouble breathing during the illness that led to death?	YES ..... NO ..... DON'T KNOW .....
234	For how many days?	DAYS ..... DON'T KNOW .....
235	HAD EITHER COUGH OR TROUBLE BREATHING +--+ / HAD NEITHER COUGH NOR TROUBLE BREATHING +--+	
236	Did the baby have (LOCAL TERM FOR FAST BREATHING AND/OR PNEUMONIA?	YES ..... NO ..... DON'T KNOW .....
237	Did the baby have such breathing problems that he/she had trouble drinking, eating or suckling?	YES ..... NO ..... DON'T KNOW .....
238	During the period preceding death, did (NAME) take rapid short breaths?	YES ..... NO ..... DON'T KNOW .....
239	For how many days did he/she have this prior to death?	DAYS ..... DON'T KNOW .....
240	Was there indrawing of the chest?	YES ..... NO ..... DON'T KNOW .....

241	Who did you consult for this cough or breathing problem? Anyone else? RECORD ALL MENTIONED	NOBODY..... RELATIVE/FRIENDS.. TRADITIONAL HEALER PHARMACIST ..... PRIVATE HEALTH FAC GOVT DISPENSARY/HE HOSPITAL ..... DON'T KNOW .....
251	Did the baby have a fever?	YES ..... NO ..... DON'T KNOW .....
252	For how many days?	DAYS ..... DON'T KNOW .....
253	Was (NAME) admitted to the hospital?	YES ..... NO ..... DON'T KNOW .....
254	Where did (NAME) die?	HOSPITAL / HEALTH HOME..... ON WAY TO HOSPITAL ELSEWHERE..... DON'T KNOW .....
255	Is there a death certificate?	YES ..... NO ..... DON'T KNOW .....
256	Is the baby's mother in good health? SPECIFY _____	YES ..... NO, IS ACUTELY ILL NO, IS CHRONICALLY NO, HAS DIED..... DON'T KNOW .....
257	Is the baby's father in good health? SPECIFY _____	YES ..... NO, IS ACUTELY ILL NO, IS CHRONICALLY NO, HAS DIED..... DON'T KNOW .....

FOR ALL DEATHS AMONG CHILDREN UNDER 13 YEARS

301 AGE AT DEATH LESS THAN 13 YEARS → AGE AT DEATH 13 YEARS OR MORE

302 For how long had (NAME) been ill prior to death?
- DAYS .....
- WEEKS .....
- MONTHS .....
- DON'T KNOW .....

303 Did (NAME) have frequent loose stools or liquid stools during the disease that led to death?
- YES .....
- NO .....
- DON'T KNOW .....

304 For how long?
- DAYS .....
- WEEKS .....
- MONTHS .....
- DON'T KNOW .....

305 What was the highest number of stools (NAME) had in in one day?
- NUMBER OF STOOLS .
- DON'T KNOW .....

306 Did (NAME) have blood in the stools?
- YES .....
- NO .....
- DON'T KNOW .....

307 For how long?
- DAYS .....
- WEEKS .....
- MONTHS .....
- DON'T KNOW .....

308 Did the eyes become more sunken?
- YES .....
- NO .....
- DON'T KNOW .....

309 Did he/she have dehydration?
- YES .....
- NO .....
- DON'T KNOW .....

311		Did (NAME) have a cough?	YES NO DON'T KNOW
312		For how long?	DAYS WEEKS MONTHS DON'T KNOW
313		Did (NAME) have trouble breathing during the illness that led to death?	YES NO DON'T KNOW
314		For how long?	DAYS WEEKS MONTHS DON'T KNOW
315		HAD EITHER COUGH OR TROUBLE BREATHING	HAD NEITHER COUGH NOR TROUBLE BREATHING
316		Did (NAME) have (LOCAL TERM FOR FAST BREATHING AND/OR PNEUMONIA?	YES NO DON'T KNOW
317		Did (NAME) have such breathing problems that he/she had trouble drinking, eating or suckling?	YES NO DON'T KNOW
318		During the period preceding death, did (NAME) take rapid short breaths?	YES NO DON'T KNOW
319		For how many days did he/she have this prior to death?	DAYS DON'T KNOW
320		Was there indrawing of the chest?	YES NO DON'T KNOW
321		Did (NAME) cough sputum?	YES NO DON'T KNOW
322		Did (NAME) cough blood?	YES NO DON'T KNOW
323		Did (NAME) have attacks of coughing followed by vomiting?	YES NO DON'T KNOW

331	Did (NAME) have a fever?	YES	
		NO	
		DON'T KNOW	
332	For how long?	DAYS	
		WEEKS	
		MONTHS	
		DON'T KNOW	
333	Was the fever present all the time or intermittent?	PRESENT ALL THE TI	
		INTERMITTEND	
		DON'T KNOW	
334	Was (NAME) shivering before having fever?	YES	
		NO	
		DON'T KNOW	
335	During the disease that led to death was (NAME) unconscious or was very confused?	YES	
		NO	
		DON'T KNOW	
336	For how long?	DAYS	
		WEEKS	
		DON'T KNOW	
337	During the disease that led to death did (NAME) have convulsions?	YES	
		NO	
		DON'T KNOW	
338	During the disease that led to death did (NAME) neck stiffness?	YES	
		NO	
		DON'T KNOW	
341	Did (NAME) have a skin rash during the last two weeks before death?	YES	
		NO	
		DON'T KNOW	
342	For how many days did it last?	DAYS	
		DON'T KNOW	
343	Did (NAME) the skin crack or peel off after the rash started?	YES	
		NO	
		DON'T KNOW	

344	Did (NAME) the rash show fluids in blisters?	YES NO DON'T KNOW
345	During the illness did (NAME) have watering or redness of eyes?	YES NO DON'T KNOW
346	Do you think this illness was measles?	YES NO DON'T KNOW
347	Had (NAME) received a vaccination against measles?	YES NO DON'T KNOW
348	Did (NAME) have skin abscesses? IF YES: How many?	YES, ONE YES, 2-4 YES, 5 OR MORE NO DON'T KNOW
349	During the disease that led to death did (NAME) have blood in urine?	YES NO DON'T KNOW
350	During the disease that led to death did (NAME) yellowing of the white of the eyes (jaundice)?	YES NO DON'T KNOW
351	Before (NAME) became ill, was he/she very thin?	YES NO DON'T KNOW
352	During the disease that led to death, did (NAME) become very thin/thinner?	YES NO DON'T KNOW
353	Before (NAME) became ill, did he/she have swelling of the feet and legs?	YES NO DON'T KNOW
354	During the disease that led to death, did (NAME) have swelling of the feet and legs?	YES NO DON'T KNOW
355	Did (NAME) have normal vision during daytime?	YES NO DON'T KNOW
356	Did (NAME) have problems seeing during the night?	YES NO DON'T KNOW
357	Did (NAME) suffer from nightblindness (LOCAL TERM)?	YES NO DON'T KNOW
358	Was the child breastfed during the first months of life?	YES NO DON'T KNOW
359	Was the child breastfed during the month before death?	YES NO DON'T KNOW

361	During the disease that led to death was advice or treatment sought from anywhere / anyone? Anyone else? RECORD ALL MENTIONED	NOBODY..... RELATIVE/FRIENDS.. TRADITIONAL HEALER PHARMACIST ..... PRIVATE HEALTH FAC GOVT DISPENSARY/HE HOSPITAL ..... DON'T KNOW .....
362	Was he/she given anything when he/she was ill?	YES ..... NO ..... DON'T KNOW .....
363	What was given? Anything else? RECORD ALL MENTIONED	TABLETS ..... CAPSULES (RANGI MB INJECTIONS ..... ORS PACKET SOLUTIO SYRUP ..... HOME REMEDY ..... TRADITIONAL MEDICI OTHER _____ (SPECIF DON'T KNOW .....
362	Was (NAME) admitted to the hospital?	YES ..... NO ..... DON'T KNOW .....
363	Where did (NAME) die?	HOSPITAL / HEALTH HOME..... ON WAY TO HOSPITAL ELSEWHERE..... DON'T KNOW .....
364	Is there a death certificate? IF YES: May I see it (COPY INFORMATION)	YES ..... NO ..... DON'T KNOW .....
365	Is (NAME)'s mother in good health? SPECIFY _____	YES ..... NO, IS ACUTELY ILL NO, IS CHRONICALLY NO, HAS DIED..... DON'T KNOW .....
366	Is (NAME)'s father in good health? SPECIFY _____	YES ..... NO, IS ACUTELY ILL NO, IS CHRONICALLY NO, HAS DIED..... DON'T KNOW .....

ADULT SECTION (13 YEARS AND OLDER) (MATERNITY)

401 FEMALE +--+ +--+ MALE

402 How many children had (NAME) given birth to when she died?
childtot
DO NOT INCLUDE THE LAST BIRTH
NUMBER OF CHILDREN..
DON'T KNOW .....

died
403 Did (NAME) die during pregnancy or childbirth or within six weeks after giving birth?
YES .....
NO .....
DON'T KNOW .....

menstru
404 Did (NAME) have her periods coming regularly?
YES .....
NO .....
DON'T KNOW .....

vaginswe
404a Did (NAME) have a swelling growing out of the vagina?
YES .....
NO .....
DON'T KNOW .....

404b For how long had this swelling been present?
su_mon
su_year
su_sijui
MONTHS.....
YEARS .....
DON'T KNOW .....

vagbleed
404c Did (NAME) have bleeding from the vagina?
YES .....
NO .....
DON'T KNOW .....

• 405 Since when did she not have periods?
sincesh
MONTHS.....
YEARS .....
DON'T KNOW .....

• 406 How many months was she pregnant when she died?
pregage /pregdur
NUMBER OF MONTHS ...
DON'T KNOW .....

pregcomp
407 Did she have any complaints during pregnancy?
SPECIFY _____
YES .....
NO .....
DON'T KNOW .....

attendcl
408 Did she attend antenatal clinics during her last pregnancy?
YES .....
NO .....
DON'T KNOW .....

bp
409 Did (NAME) have high blood pressure during pregnancy?
YES .....
NO .....
DON'T KNOW .....

headache
410 Was she complaining of severe headaches?
YES .....
NO .....
DON'T KNOW .....

"sincesh" 0, 1, 2
month
year
sijui

progblee	411	Was there bleeding during pregnancy?	YES NO DON'T KNOW
limbswel	412	Was (NAME) have oedema of the limbs during pregnancy?	YES NO DON'T KNOW
malaria	413	Did (NAME) have malaria during pregnancy?	YES NO DON'T KNOW
diedduri	414	DIED DURING DELIVERY OR PUERPERIUM	DIED WELL BEFORE DELIVERY
severblee	415	Was there excessive bleeding during delivery?	YES NO DON'T KNOW
severhead	416	Was she complaining of severe headaches during delivery?	YES NO DON'T KNOW
acutabdm	417	Did she have terrible abdominal pains during delivery which suddenly stopped before she died?	YES NO DON'T KNOW
afterbir	418	Did the placenta come out within half an hour of the birth of the child?	YES NO DON'T KNOW
~~epilep~~	419	Did (NAME) have conmvulsions during delivery?	YES NO DON'T KNOW
severfev	420	Was there high fever starting after delivery?	YES NO DON'T KNOW
fevestar	421	Did it start immediately after delivery or after a few days?	YES NO DON'T KNOW
deliwher	422	Where did the delivery take place?	HOME RELATIVE'S HOME TBA'S HOME DISPENSARY / HEALTH BUGANDO MEDICAL CENT OTHER HOSPITAL OTHER DON'T KNOW
childalv	423	Is the child still alive?	YES STILLBIRTH DIED AFTER BIRTH DON'T KNOW

ADULT SECTION (13 YEARS AND OLDER)

501	For how long had (NAME) been ill prior to death?		
		DAYS	.....
		WEEKS	.....
		MONTHS	.....
		DON'T KNOW	.....
502	Did (NAME) have frequent loose stools or liquid stools during the disease that led to death?	YES	.....
		NO	.....
		DON'T KNOW	.....
502a	How many stools did he/she have in a day?		
		NUMBER OF STOOLS	....
		DON'T KNOW	.....
503	For how long did the diarrhoea last?		
		DAYS	.....
		WEEKS	.....
		MONTHS	.....
		DON'T KNOW	.....
504	Did (NAME) have blood in the stools?	YES	.....
		NO	.....
		DON'T KNOW	.....
505	For how long?		
		DAYS	.....
		WEEKS	.....
		MONTHS	.....
		DON'T KNOW	.....
505a	Did the stools look like rice water/whitish?	YES	.....
		NO	.....
		DON'T KNOW	.....
506	Did the eyes become more sunken?	YES	.....
		NO	.....
		DON'T KNOW	.....
507	Did he/she have dehydration? (SPCIFIC SYMPTOMS)	YES	.....
		NO	.....
		DON'T KNOW	.....

511	Did (NAME) have a cough?	YES NO DON'T KNOW
512	For how long?	DAYS WEEKS MONTHS DON'T KNOW
513	Did (NAME) have trouble breathing during the illness that led to death?	YES NO DON'T KNOW
514	For how long?	DAYS WEEKS MONTHS DON'T KNOW
515	HAD EITHER COUGH OR TROUBLE BREATHING	HAD NEITHER COUGH NOR TROUBLE BREATHING
516	Did (NAME) have (LOCAL TERM FOR PNWUMONIA)?	YES NO DON'T KNOW
520	Did (NAME) cough sputum?	YES NO DON'T KNOW
520a	Did (NAME) have severe pain while coughing?	YES NO DON'T KNOW

519

"dyspnoa"? is shortness of breath.

"sevcough"?

Ties dataset: pneumo3, both blank < breathpr, daybrea, dyspne

521	Did (NAME) cough blood?	YES NO DON'T KNOW
521a	Did (NAME) have profuse night sweating?	YES NO DON'T KNOW
521b	Did (NAME) cough more at night and in the morning?	YES NO DON'T KNOW
521c	Was (NAME) uable to lie down flat in bed because of shortness of breath?	YES NO DON'T KNOW
522	Did (NAME) ever have tuberculosis? IF YES: When was the last time?	 NUMBER OF MONTHS AGO NUMBER OF YEARS AGO. NEVER DON'T KNOW
523	During the past years did (NAME) have attacks of shortness of breath and noisy breathing (asthma)?	YES NO DON'T KNOW
524	During the past year was (NAME) short of breath upon exercise, e.g. working in the shamba?	YES NO DON'T KNOW
531	Did (NAME) have a fever?	YES NO DON'T KNOW
532	For how long?	 DAYS WEEKS MONTHS DON'T KNOW
533	Was the fever present all the time or intermittent?	PRESENT ALL THE TIME INTERMITTEND DON'T KNOW
534	Was (NAME) shivering before having fever?	YES NO DON'T KNOW
535	During the disease that led to death was (NAME) unconscious or very confused?	YES NO DON'T KNOW

durcoma	536	For how long? (daycom, weekcom, dunocom)	DAYS ..... / WEEKS ..... / DON'T KNOW .....
epilepsy	537	During the disease that led to death did (NAME) have convulsions?	YES ..... / NO ..... / DON'T KNOW .....
shingo	538	During the disease that led to death did (NAME) neck stiffness?	YES ..... / NO ..... / DON'T KNOW .....
sevheach	539	During the disease that led to death did (NAME) have severe headache?	YES ..... / NO ..... / DON'T KNOW .....
yawn	540	During the disease that led to death did (NAME) have problems to open his/her mouth?	YES ..... / NO ..... / DON'T KNOW .....
stifmusc	540a	During the disease that led to death did (NAME) have spasms (body musles becoming very stiff)?	YES ..... / NO ..... / DON'T KNOW .....
ulcweek2	540b	Did (NAME) get a wound during the last two weeks before death?	YES ..... / NO ..... / DON'T KNOW .....
failtalk	540c	Was (NAME) unable to speak?	YES ..... / NO ..... / DON'T KNOW .....
weightlos	541	During the disease that led to death did (NAME) loose weight?	YES ..... / NO ..... / DON'T KNOW .....
ratelos	542	Was the weight loss severe or moderate?	SEVERE ..... / MODERATE ..... / DON'T KNOW .....
colorcha	543	During the disease that led to death did (NAME) become very pale?	YES ..... / NO ..... / DON'T KNOW .....
yellofev	544	During the disease that led to death did (NAME) yellowing of the white of the eyes (jaundice)?	YES ..... / NO ..... / DON'T KNOW .....
swellleg	545	During the disease that led to death did (NAME) have swollen legs?	YES ..... / NO ..... / DON'T KNOW .....
haircolch	546	Did the colour of the hair change?	YES ..... / NO ..... / DON'T KNOW .....

burning

547	Did (NAME) complain of burning sensations of the legs?	YES NO DON'T KNOW

skindise

551	Did (NAME) have any skin problems during the disease that led to death?	YES NO DON'T KNOW

duradise

552	For how many days did it last?	 DAYS DON'T KNOW

duradknw
mont
week day

disepart?
listpart?

553	Where was the rash located?	ALL OVER THE BODY... ON SPECIFIC PARTS ON DON'T KNOW

itchinp

554	Did (NAME) complain of itching of the skin?	YES NO DON'T KNOW

dryskin

554a	Did the skin become very dry or scaly?	YES NO DON'T KNOW

blackinf?

554b	Did (NAME) have dark skin swellings on several places of the body?	YES NO DON'T KNOW

blskinfl
blskinfl?

554c	Did (NAME) have one localised dark swelling of skin?	YES NO DON'T KNOW

ulcer

555	Did (NAME) have abcesses or sores?	YES NO DON'T KNOW

ulcerno

556	How many abscesses or sores?	ONE TWO TO FOUR AT LEAST FIVE DON'T KNOW

herpes

557	Has (NAME) ever had herpes zoster?	YES NO DON'T KNOW

herpfrq

558	How many times?	ONCE MORE THAN ONCE DON'T KNOW

bodyinf

561	Did (NAME) have swellings?	YES NO DON'T KNOW

"disepart"?
"listpart"?

"blackinf"?
"blskinf"?

562	Which parts were swollen? Any other parts? MULTIPLE ANSWERS POSSIBLE	a b c d e f g h i j	WHOLE BODY SWOLLEN.. BUMPS ALL OVER BODY. NECK ..... FACE ..... FEET, LOWER LEGS.... NECK ..... AXILLA ..... GROIN ..... ABDOMEN..... OTHER PARTS DON'T KNOW .....
562a	Did (NAME) have protruded eyes?		YES ..... NO ..... DON'T KNOW .....
562b	Was (NAME) able to see well?		YES ..... NO ..... DON'T KNOW .....
562c	Was (NAME) able to see well as a child?		YES ..... NO ..... DON'T KNOW .....
563	Was (NAME) known to have a heart problem?		YES ..... NO ..... DON'T KNOW .....
564	Was (NAME) known to have high blood pressure?		YES ..... NO ..... DON'T KNOW .....
565	Was (NAME) known to have diabetes?		YES ..... NO ..... DON'T KNOW .....
566	Was (NAME) known to have HIV infection?		YES ..... NO ..... DON'T KNOW .....
567	Did (NAME) have "sickle cell"?		YES ..... NO ..... DON'T KNOW .....
567a	Was (NAME) healthy as a child?		YES ..... NO ..... DON'T KNOW .....
567b	Did (NAME) have attacks of severe joint pains during his/her life?		YES ..... NO ..... DON'T KNOW .....
567c	Did (NAME) have attacks of becoming yellow during his/her life?		YES ..... NO ..... DON'T KNOW .....
567d	Are there other family members with a similar disease? his/her life?		YES ..... NO ..... DON'T KNOW .....

571	mouther	Did (NAME) have ulcers in the mouth?	YES NO DON'T KNOW
572	swallow	Did (NAME) have difficulty swallowing?	YES NO DON'T KNOW
573	mouspot	Did (NAME) have white patches on the inside of the mouth and tongue?	YES NO DON'T KNOW
574	ulcermou	Did (NAME) have ulcerating sores around the mouth?	YES NO DON'T KNOW
575	vomit	Did (NAME) have suffer from vomiting?	YES NO DON'T KNOW
576	vomibld	Did (NAME) vomit blood?	YES NO DON'T KNOW
577	abdpain	Did (NAME) have severe pain in the abdomen?	YES NO DON'T KNOW
578	food	Did (NAME) dislike certain foods? IF YES: Which ones?	BEANS PEPPERS OTHER _____ DON'T KNOW
580	uriprob	Did (NAME) have any problems / changes in urination?	YES NO DON'T KNOW
581	urinpain	Did (NAME) have a pain during urination?	YES NO DON'T KNOW
582	urncolo	During the disease that led to death did (NAME) pass brown or dark urine?	YES NO DON'T KNOW
583	bldurin	During the disease that led to death did (NAME) have blood in urine?	YES NO DON'T KNOW
583a	urnfail	Was (NAME) unable to pass urine during the last days before death?	YES NO DON'T KNOW
583b	frqurin	Did (NAME) usually have to urinate a lot?	YES NO DON'T KNOW
583c	thirsty	Did (NAME) have usually excessive thirst?	YES NO DON'T KNOW

dischar

"dischar"?

0
1
2
8
9

591 Did (NAME) complain of severe body pains?
acutpain
- YES
- NO
- DON'T KNOW

592 Which parts was (NAME) complaining of?
painpart
- WHOLE BODY
- ABDOMEN
- LIMBS
- CHEST
- HEAD
- BONES
- OTHER PARTS
- DON'T KNOW

593 Did (NAME) have allergic skin reactions to drugs?
skinalle
- YES
- NO
- DON'T KNOW

594 Was (NAME) unable to move limbs (paralysis)?
paraly
- YES, ONE SIDED
- YES, BOTH LEGS
- YES, BOTH ARMS
- NO
- DON'T KNOW

IF YES: Which ones?

594a During his life did (NAME) usually drink a lot of alcohol?
alcohol
- YES
- NO
- DON'T KNOW

595 Is (NAME)'s spouse alive?
lifealiv
- YES
- NO
- DON'T KNOW

596 Is (NAME)'s spouse in good health?
lifhealt
q596 explain
- YES
- NO, ACUTELY ILL
- NO, CHRONICALLY ILL
- DON'T KNOW

IF NO: _____

601 During the disease that led to death was advice or treatment sought from anywhere / anyone?
advicea → adviceh
- NOBODY
- RELATIVE/FRIENDS
- TRADITIONAL HEALER
- PHARMACIST
- PRIVATE HEALTH FACIL
- GOVT DISPENSARY/HEAL
- HOSPITAL
- DON'T KNOW

Anyone else?

RECORD ALL MENTIONED

602 Was he/she given anything when he/she was ill?
given
- YES
- NO
- DON'T KNOW

603 What was given?
givena → givej
- TABLETS
- CAPSULES (RANGI MBIL
- INJECTIONS
- ORS PACKET SOLUTION
- SYRUP
- HOME REMEDY
- TRADITIONAL MEDICINE
- OTHER _____ (SPECIFY)
- DON'T KNOW

Anything else?

RECORD ALL MENTIONED

admit

604 Was (NAME) admitted to the hospital?
- YES .....
- NO .....
- DON'T KNOW .....

diedshr

605 Where did (NAME) die?
- HOSPITAL / HEALTH FA
- HOME.....
- ON WAY TO HOSPITAL .
- ELSEWHERE.....
- DON'T KNOW .....

certific

606 Is there a death certificate?
- YES .....
- NO .....
- DON'T KNOW .....

IF YES: May I see it (COPY INFORMATION)

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INDEPTH VA SRE UPDATE REVISED NOV 2007

INDEPTH- NETWORK

Standard Verbal Autopsy Questionnaire

Indepth VA questionnaire

PART 3: ADOLESCENT AND ADULT DEATHS
(persons of the age of 12 years and over)

Instructions to interviewer: Introduce yourself and explain the purpose of your visit. Ask to speak to the caretaker or any other person who was present during the illness that led to death. If this is not possible, arrange a time to revisit the household when caretaker will be home. Before interviewing the person explain to him/her that participation in the interview is voluntary; s/he can refuse to answer any question and s/he can stop the interview at any time. Explain to him/her that the information provided is only for research purposes and will be confidential.

I. IDENTIFICATION & DEMOGRAPHIC DATA OF THE DECEASED

1.1 Name of deceased..... ID: PERMID

1.2 Village name:..... ID: VILLGID

1.3 Compound/household number COMPID

1.4 Age of deceased: AOD

1.5 Sex of deceased: 1. Male | 2. Female SEXD sex_d

1.6 Date of Interview: (dd/mm/yy) DINT

1.7 What was the marital status of the deceased?

1. Unmarried	3. Divorced/separated	4. Widowed	MSD

1.8 Number of years of formal education of the deceased. 999.NK EDUC

1.9 Highest level of education of deceased:

1. Primary	2. Secondary	3. Tertiary	4. None	HEDUCD heduc_d

1.10 Occupation of deceased:

1. Farmer	2. Trader	3.Gov't/Priv't comp. Employee	OCCD occ_d
4. Other (specify):			

II. IDENTIFICATION OF RESPONDENT

2.1 Name of respondent: _____

2.2 Relationship of respondent to the deceased:

1. Spouse	2. Daughter	3. Son	4. Mother	5. Father	ROR
6. Other (specify):					

2.3 (Optional) Number of years of formal education of the respondent: EDUC_R

2.4 (Optional) Highest level of education of respondent:

1.Primary	2. Secondary	3. Tertiary	4. None	HEDUC_R

III. BACKGROUND INFORMATION ON THE DEATH

3.1 Date of death (dd/mm/yy): | | | | | | | DOD — day — mout — year

3.2 For how long (days) was s/he ill before s/he died? | | 999. NK | ILLD

3.3 6.3 Where did s/he die ?

1. Hospital	2. Other health facility	3.On route to hospital or health facility	DIEL NOT.
4: Home	5. Other (specify):.....		

3.4 If the deceased is a woman of childbearing age, please ask whether she met one of the followings

1.Pregnant	2.Not pregnant	3.Delivered less than 42 days ago	DSTA NOT.
4. Delivered more than 42 days	5. Aborted	999.NK	

IV. OPEN HISTORY QUESTION

4.1Could you tell me about the illness/events that led to her/his death? Prompt: Was there anything else?

Instructions to interviewer -Please record the response in Kiswahili, just as the respondent tells you, do not try and translate this part into English as you listen and write. If the respondent mixes Kisukuma words with the Kiswahili, please record these just as they are said, but you can underline any words that you don't understand.

Section 4.1 Common Kiswahili terms in respondent open history

Please, ring Yes or No to indicate whether the following terms were used by the respondent:

4.1.1	Dawa za jadi/ Mitishamba	Y	N	TMED
4.1.2	Homa	Y	N	FVR
4.1.3	Imani ya uchawi	Y	N	WTCHCRFT
4.1.4	Kichomi	Y	N	SHRPN
4.1.5	Kifafa	Y	N	EPLPSY
4.1.6	Kikohozi	Y	N	CGH
4.1.7	Kipindupindu	Y	N	CHLR
4.1.8	Kisukari	Y	N	DBTC
4.1.9	Kuharisha	Y	N	DRRH
4.1.10	Kukatwa mapanga	Y	N	KLLD
4.1.11	Kupigwa	Y	N	BTN
4.1.12	Kushikwa ugoni	Y	N	CAUT
4.1.13	Kutoa mamba	Y	N	ABRTN
4.1.14	Kuvimba tezi	Y	N	LYMPH
4.1.15	Majipu	Y	N	ABSCS
4.1.16	Mapigo ya moyo kwenda mbio	Y	N	HGHBT
4.1.17	Matatizo ya figo	Y	N	KDNY
4.1.18	Matatizo ya Ini	Y	N	HPTS
4.1.19	Matatizo ya tumbo	Y	N	STMCH
4.1.20	Maumivu ya kifua	Y	N	CHST
4.1.21	Maumivu ya kichwa	Y	N	HDCH
4.1.22	Miguu kuvimba	Y	N	SWLGS
4.1.23	Miguu kuwaka moto	Y	N	BURNLG
4.1.24	Mitego	Y	N	BWTCH
4.1.25	Mkanda wa jeshi	Y	N	HZSTER
4.1.26	Pombe	Y	N	ALCHL
4.1.27	Salatani	Y	N	CNCR
4.1.28	TB	Y	N	TB
4.1.29	Ugonjwa wa kisasa.Ugonjwa wa vijana UKIMWI	Y	N	HVAD
4.1.30	Upele	Y	N	RSHS
4.1.31	Upungufu wa damu	Y	N	ANMC
4.1.32	Vidonda mdomoni	Y	N	ORLTHRSH

None (but TB)

Take a moment to tick all items mentioned spontaneously in the open history questionnaire. Use this to guide you through the rest of the questionnaire.

4.2 Signs and Symptoms	How many days after the illness started did the symptom begin	Duration of symptom (days)	Severity: (Mild-moderate or Severe)
4.2.1			
4.2.2			
4.2.3			
4.2.4			
4.2.5			
4.2.6			
4.2.7			
4.2.8			
4.2.9			
4.2.10			

4.3 list of hospitalizations (hospital admission) in the past 2 years (begin with more recent hospitalisations in descending order)

Name of Health facility	Date (Month/year)	Reasons for hospitalisation
1.	/ /	
2.	/ /	
3.	/ /	
4.	/ /	
5.	/ /	

4.4 Place of death:

1. Home	2. Hospital/clinic	3. On route to hospital/clinic	POD
4. At work	5. Other (specify)	999. NK	

4.5 Do you know the cause(s) of his/her death? | 1. Yes | 2. No | 999.NK | RKC

4.6 If the answer is YES probe to specify the cause(s):

Cause (1)..... CAUS1

Cause (2) CAUS2

Please record corresponding ICD10 code in the box

4.7 Did the deceased suffer from any of the following illness ?

Hypertension:	1. Yes	2. No	999. NK	HYP
Other heart diseases	1. Yes	2. No	999. NK	OHEA
Diabetes:	1. Yes	2. No	999. NK	DIAB
Epilepsy:	1. Yes	2. No	999. NK	EPI
TB:	1. Yes	2. No	999. NK	TB
HIV/AIDS:	1. Yes	2. No	999. NK	HIV
Leprosy	1. Yes	2. No	999. NK	LEP
Asthma	1. Yes	2. No	999. NK	ASTH
Cancer	1. Yes	2. No	999. NK	CAN

If yes to cancer, please specify which type? ..... 999. NK CANTYP

4.8 Did the deceased suffer from any other illness? | 1. Yes | 2. No | 999. NK | ODIS

If yes, please specify .....

V. INJURY/ACCIDENTS:

5.1 Did s/he sustain any injury which led to his/her death? | 1. Yes | 2. No | 999. NK | INJ

If the answer is 2 or 999 proceed to Q6.1

5.1.1 *If yes ask* What kind of injury or accident? *Allow respondent to answer spontaneously.* TINJ

1. Transport accident (pedestrian)	2. Transport accident (passenger/driver)	3.Fall	4. Drowning	5. Poisoning (specify)	
6. Animal bite	7. Other bites or sting	8. Burn	9. Firearm	10. Sharp object- e.g. knife	11. Circumcision
12. Assault/abuse (specify):		13. Other (specify):			

5.1.2 If answer to 5.2 is 6, please specify. | 1. Dog | 2. Snake | 3. Other (specify) ..... | 999.NK | ANBI

5.1.3 Was the injury accidental or intentional ? | 1. Accidental | 2. Intentional | 999.NK | INJTY

5.1.4 Did s/he die at the site where the accident or injury occurred? | 1. Yes | 2. No | 999.NK | DSPOT

5.1.5 How many days did s/he survive before s/he died? | 1<24 hours | 2.>24 hours | 999. NK | INJDU

5.1.6 Did s/he receive medical care before death?

1. Yes	2. No	999.NK	MDCARE

5.2 Did s/he have an ongoing chronic illness or was sick in the month before the accident or injury?

1. Yes	2. No	999.NK	OILL

5.3 Do you think that s/he committed suicide?

1. Yes	2. No	999. NK	SUI

If the answer is 2 or 999 proceed to VI

5.3.1 How did s/he commit suicide? *Allow respondent to answer spontaneously.*

1. Hanging	2. Poisoning	3. Burns	4.Gunshot	5. Others (specify)	999 NK	TSU

VI: LEADING QUESTIONS TO ELICIT SIGNS & SYMPTOMS OF THE FINAL ILLNESS

6.1 FEVER:

6.1.1 During illness that led to death did s/he have fever?

1. Yes	2. No	999. NK	FEV

(If the answer is 2 or 999 proceed to Q 6.2)

6.1.2 How many days did s/he have fever?

	888 NA	999.NK	DFE

6.1.3 Was the fever:

1.Mild/moderate	2. Extremely high	888. NA	999. NK	SFE

6.1.4 Was the fever continuous or on and off?

1. Continuous	2. On & Off	888. NA	999. NK	TFE

6.1.5 Did s/he have chills/rigor

1. Yes	2.No	999. NK	RIG

6.2 RASH:

6.2.1 During illness that led to death, did s/he have rash?
If the answer is 2 or 999 proceed to Q6.2.6)

1. Yes	2. No	999. NK	RAS

6.2.2 Where was the rash located?

	1. Yes	2. No	999. NK	
Face	1. Yes	2. No	999. NK	RFACE NO
Trunk	1. Yes	2. No	999. NK	RSTRG NOT
Extremities	1. Yes	2. No	999. NK	REXTR NOT
All over the body	1. Yes	2. No	999. NK	RALLB NOT
Other: (specify)	1. Yes	2. No	999. NK	ROTHE NOT

6.2.3 How many days did s/he have rash?

	888. NA	999. NK	DRA

6.2.4 Did the skin crack/split or peel after the rash started?

1. Yes	2. No	999. NK	SKIRAS

6.2.5 What did the rash look like?

1. Measles rash	2. Rash with clear fluid	3. Rash with pus	999. NK	TRA
4. Other (specify)				

6.2.6 Did s/he have red eyes?

1. Yes	2. No	999. NK	SEY

6.2.7 Did s/he have itching of skin?

1. Yes	2. No	999. NK	ITC

Indepth VA questionnaire

6.2.8 Did s/he have bleeding from the body openings? *Do not include menstruations.*	1. Yes	2. No	999. NK	BLEEO NOT
6.2.9 Did s/he have pins and needles in feet?	1. Yes	2. No	999. NK	PNEEF NOT

6.3 WEIGHT LOSS:

6.3.1 Had s/he lost weight recently before death?	1. Yes	2. No			999. NK	LOW
If the answer is 2 or 999 proceed to Q6.4						
6.3.2 How long before death ?	1. Days	2. Months	3. Years	888.NA	999. NK	DLOW
6.3.3 Was the loss of weight:	1. Mild/Moderate (a little)	2. Severe (a lot)		888. NA	999. NK	SLW
6.3.3 How did s/he look like at the end of her/his life ?	1. Normal	1. Extremely thin and wasted		888. NA	999. NK	SLW

6.4 PALLOR/JAUNDICE

6.4.1 Did s/he look pale (anaemic)?	1. Yes	2. No	999. NK	PAL
6.4.2 Did s/he have yellow discoloration of the eyes?	1. Yes	2. No	999. NK	JAU

6.5 OEDEMA/SWELLING:

6.5.1 Did s/he have ulcer on any part of the body	1. Yes	2. No	999. NK	ULC
6.5.1.1 *If yes to 6.5.1* , please specify where is the ulcer located ?			999. NK	ULCL NOT
6.5.2 Had s/he have swelling around ankle?	1. Yes	2. No	999. NK	SAA
6.5.2.1 How many days did s/he have the swelling?		888.NA	999.NK	DSAA NOT
6.5.3 Did s/he have puffiness of the face?	1. Yes	2. No	999. NK	PUF
6.5.3.1 *If yes*, ask how many days did the swelling last		888.NA	999. NK	DPUF NOT
6.5.4 Did s/he have swelling in the neck?	1. Yes	2. No	999. NK	SWN
6.5.4.1 *If yes*, ask how many days did the swelling last		888.NA	999. NK	DSWN NOT
6.5.5 Did s/he have swelling in the armpit?	1. Yes	2. No	999. NK	SWA
6.5.5.1 *If yes*, ask how many days did the swelling last		888.NA	999. NK	DSWA NOT
6.5.6 Did s/he have swelling in the groin?	1. Yes	2. No	999. NK	SWG
6.5.6.1 *If yes*, ask how many days did the swelling last?		888.NA	999. NK	DSWG NOT

6.5.7 Did s/he have swelling of joints?	1. Yes	2. No	999. NK	SWJ NOT
6.5.7.1 *If yes*, ask how many days did the swelling last?		888.NA	999. NK	DSWJ NOT

6.6 COUGH:

6.6.1 Did s/he have cough?	1. Yes	2. No		999. NK	COU
(If the answer is 2 or 999 proceed to Q6.6.5)					
6.6.2 How many days did s/he have cough?			888.NA	999. NK	DCO
6.6.3 Was the cough productive (sputum)?	1. Yes	2. No	888. NA	999. NK	PCO
6.6.4 Did s/he cough blood?	1. Yes	2. No	888. NA	999. NK	BCO
6.6.5 Did s/he have night sweats?	1. Yes	2. No		999. NK	NCOU
6.6.6 When was the cough worse?	1.Day	2.Night	3. Same	999. NK	COUW
6.6.7 Did s/he have shortness of breathing?	1. Yes	2. No		999. NK	DIB
If the answer is 2 or 999 proceed to Q6.7					
6.6.8 How many days did s/he have breathlessness?			888.NA	999.NK	DDB
6.6.9 Did s/he have noisy breathing?	1. Yes	2. No		999. NK	CHP

6.7 CHEST PAIN:

6.7.1 Did s/he have chest pain?	1. Yes	2. No		999. NK	CHP
(If the answer is 2 or 9 proceed to Q 6.8)					
6.7.1.1 How did the pain start?	1. Suddenly	2. Gradually		999. NK	HCHP NOT

6.7.2 Where was the pain? *(Please show where the sternum is located)*	Over the sternum	1. Yes	2. No	999. NK	PSTER NOT
	Over the heart/in the arm	1. Yes	2. No	999. NK	PHEAR NOT
	Ribs	1. Yes	2. No	999. NK	PRIBS NOT
	Other (specify)	1. Yes	2. No	999. NK	POTHE NOT

6.7.3 When resting, was the pain:	1. Continuous	2. On & Off		888. NA	999. NK	RPAIN NAT

6.7.4 When in activity, was the pain: | 1. Continuous | 2. On & Off | 888. NA | 999. NK | APAIN NOT

6.7.5 When s/he had an attack of severe pain, how long did it last?

1. <30min	2. >30min but <24hours	3. >=24 hours	888. NA	999. NK	DCP

6.7.6 Did s/he have palpitation? | 1. Yes | 2. No | 999. NK | PALP NA

6.8 DIARRHOEA:

6.8.1 Did s/he have diarrhoea? | 1. Yes | 2. No | 999. NK | DIAR

If the answer is 2 or 999 proceed to Q6.9

6.8.2 How many days did s/he have diarrhoea? | | 888.NA | 999.NK | DDI

6.8.3 Was the diarrhoea continuous? | 1. Yes | 2. No | 888. NA | 999. NK | TDI

6.8.4 What was the consistency of stools? | 2. Soft | 3.Watery | 999. NK | CSDIA

6.8.5 When the diarrhoea was severe, how many times did s/he pass stool in a day? | | 888.NA | 999. NK | FDI

6.8.6 Did s/he pass blood in the stool? | 1. Yes | 2. No | 888. NA | 999. NK | BTS

6.8.7 Did s/he have sunken eyes? | 1. Yes | 2. No | 999. NK | SUNK

6.9 VOMITING:

6.9.1 Did s/he have vomiting? | 1. Yes | 2. No | 999. NK | VOM

If the answer is 2 or 9 proceed to Q6.10

6.9.2 How many days did s/he have vomiting? | | 888. NA | 999. NK | DVO

6.9.3 When the vomiting was severe, how many times did s/he vomit in a day? | | 888. NA | 999. NK | FVO

6.9.4 What did the vomit look like?

1. Watery fluid	2. Yellowish fluid	3. Coffee coloured fluid	4. Blood	CVO
5. Faecal matters	6. Other (specify)	888. NA	999. NK	

6.10 ABDOMEN:

6.10.1 Did s/he have abdominal pain? | 1. Yes | 2. No | 999. NK | ABP

(If the answer is 2 or 9 proceed to Q6.10.6

6.10.2 What type of pain was it?

1. Cramp	2. Dull ache	3. Burning pain	4. Others	8. NA	999. NK	CAP

6.10.3 How many days did s/he have the pain | | 888.NA | 999.NK | DAP

6.10.4 Where exactly was the pain?

1. Lower abdomen	2. Upper abdomen	3. All over the abdomen		SAP
4. Middle abdomen	5. Others (specify):	888.NA	999. NK	

6.10.5 What was the severity of the pain? | 1. Mild/moderate | 2. Severe | 888. NA | 999. NK | TAP

6.10.6 Was s/he unable to pass stool for some days before death? | 1. Yes | 2. No | 999. NK | CON

6.11 ABDOMINAL DISTENSION:

6.11.1 Did s/he have distension of abdomen? | 1. Yes | 2. No | 999. NK | ABD

If the answer is 2 or 999 proceed to Q6.12

6.11.2 How many days did s/he have abdominal distension? | | 888.NA | 999.NK | DAD

6.11.3 Did the distension develop rapidly within days or slowly over weeks?

1. Rapid	2. Slow	888. NA	999. NK	TAD

6.12 SWALLOWING:

6.12.1 Did s/he have difficulty/pain on swallowing? | 1. Yes | 2. No | 999. NK | DSW

If the answer is 2 or 999 proceed to Q6.13

6.12.2 How many days did s/he have difficulty/pain on swallowing? | | 888. NA | 999.NK | DDS

6.13 MASS:

6.13.1 Did s/he have any mass in the abdomen? | 1. Yes | 2. No | 999. NK | ABM 1

If the answer is 2 or 9 proceed to Q6.14

6.13.2 Where exactly was the mass?

Right upper abdomen	1. Yes	2. No	999. NK	RUAB NOT
Left upper abdomen	1. Yes	2. No	999. NK	LUAB NOT
Lower abdomen	1. Yes	2. No	999. NK	LWAB NOT
Other: (specify)	1. Yes	2. No	999. NK	OTAB NOT

6.13.3 How long (days) did s/he have the mass *(convert if months or years)* | | 888.NA | 999.NK | DAM

6.14 HEADACHE:

6.14.1 Did s/he have headache? | 1. Yes | 2. No | 999. NK | HEA 2

6.15 STIFF NECK:

6.15.1 Did s/he have neck pain? | 1. Yes | 2. No | 999. NK | STN

6.15.2 Did s/he have stiff neck? | 1. Yes | 2. No | 999. NK | STN

6.15.3 *If yes*, for how many days? | | 888.NA | 999.NK | DSN

6.16 LEVEL OF CONCIOUSNESS/CNS:

6.15.1 Did s/he experience any change in the level of consciousness? | 1. Yes | 2. No | 999. NK | STN

If 2 or 999 please skip to question 6.17

6.16.2 What was the level of his/her consciousness?

1. Confused	2. Unconscious	3. Other	888. NA	999. NK	TUC

6.16.3 If confused or unconscious, for how many days? | | 888.NA | 999.NK | DUC

6.16.4 How did it start?

1. Suddenly	2. Rapidly within	3. Slowly over few	FFH

dFfi

	a day	days	
4. Others (specify):		888. NA	999. NK

6.17 FITS:

6.17.1 Did s/he have fits? | 1. Yes | 2. No | 999. NK | FIT

If the answer is 2 or 9 proceed to Q6.18

6.17.2 How many days did s/he have fits | | 888.NA | 999.NK | DFI

6.17.3 When fits were most frequent, how many did s/he have per day? | | 888. NA | 888. NA | FFIN NOT

6.17.4 Between fits was s/he | 1. Awake | 2. Unconscious | 888. NA | 999. NK | BFA

6.17.5Did s/he have difficulty in opening the mouth during fits? | 1. Able to open | 2. Unable to open | 999. NK | LOC

6.17.6 Did s/he have stiffness of the whole body during fits? | 1. Yes | 2. No | 999. NK | OPI

If the answer is 2 or 999 proceed to Q6.18

6.17.7 How many days did s/he have stiffness? | | 888.NA | 999.NK | DSTIF

6.18 PARALYSIS:

6.18.1 Did s/he have paralysis of one side of the body?

1. Yes	2. No	999. NK	HEM

6.18.2 How long did the paralysis take to develop?

1. Instantly	2. Over hours	3. Over days	HQUI
4. Over months	5. Over years	999. NK	

6.18.3 How many days did s/he have paralysis

	888.NA	999.NK	DHE

6.19 Did s/he have paralysis of lower limbs?

1. Yes	2. No	999. NK	PAR

6.19.1 How many days did s/he have the paralysis?

	888.NA	999.NK	DPA

6.20 URINE COLOUR:

6.20.1 Was there any change in the colour of urine?

1. Yes	2. No	999. NK	BIU

6.20.2 What was the colour of urine?

1. Dark yellow	2. Coffee like	3. Blood stained	888. NA	999. NK	URC

6.20.3 How many days did s/he have the change in urine?

	888.NA	999.NK	DBU

6.21 URINE AMOUNT:

6.21.1 Was there any change in the amount of urine s/he passed daily?

1. Yes	2. No	999. NK	CQU

6.21.2 How much urine did s/he pass in a day?

1. Too much	2. Too little	3. No urine at all	888. NA	999. NK	AQU

6.21.3 How many days did s/he have the change in amount of urine?

	888 NA	999. NK	DQU

6.22 Did s/he have difficulty or pain in passing urine?

1. Yes	2. No	999. NK	DPU

6.22.1 What type of difficulty did s/he have?

1. Unable to pass urine	2. Continuous dribbling of urine		TDP
3. Burning sensation while passing urine	4.Intense pain		
5. Other (specify)	888. NA	999. NK	

6.23 HERPES ZOSTER

6.23.1 Did s/he ever had herpes zoster before death?

1. Yes	2. No	999. NK	HZOSTER

6.23.2 How many times?

1. Once	2. More than once	999. NK	HERPTIM

7.1 SURGERY/OPERATION:

7.1.1 Did s/he have any operation before death?

1. Yes	2. No	999. NK	HOP

7.1.2 How many days before death did s/he have the operation?

	888. NA	999.NK	OPD

7.1.3 If yes ask for the site of operation

1. Abdomen	2. Heart	3.Head	4. other	888. NA	999. NK	SSITE

NOTE: **If the deceased is a female and >50 years old proceed to Q8.22**
If the deceased is a male, proceed to Q9

8.0: PREGNANCY/DELIVERY

8.1 Was she pregnant at the time of death?

1. Yes	2. No	999. NK	PRE

8.2 How many months was she pregnant?

	999.NK	MPR

If not pregnant at time of death, please ask:
8.3 Did she deliver within 42 days (6 weeks) before death?

1. Yes	2. No	999. NK	DEL

If the answer is 2 or 999 proceed to Q8.15

8.4 How many days before her death, did she deliver?

	999.NK	EDD

8.5 Did she have high fever during the pregnancy or after delivery (within a days/weeks before she died)

1. Yes	2. No	999. NK	FPR

8.6 Where did she deliver?

1. Hospital	2. Other health facility	3.On route to hospital or health facility	DELIV
4: Home	5. Other (specify):.....	999. NK	

8.7 Who managed the delivery when the child was born?

1.Health professional (Doctor, midwife, nurse)	2. Traditional birth attendant		WMAD
3. Relatives	4. Mother alone	5.Other (specify)	

8.8 Did she have obstructed labour?

1. Yes	2. No	999. NK	OBS

8.9 How long was she in labour?

1. <24hours	2. >=24hours	999. NK	DDE

Indepth VA questionnaire

8.10 Did she have difficulty in delivering placenta?	1.Yes	2. No	999. NK	DDE
8.11 Did she have too much bleeding before the baby was born	1. Yes	2. No	999. NK	BBEF NOT
8.12 Did she have too much bleeding after the baby was born?	1. Yes	2. No	999. NK	BAFT NOT

8.13 What was the mode of delivery?

1. Vaginal delivery	2. Vacuum or forceps	3. Abdominal Operation	999. NK	MDE

8.14 Was baby born alive?

1. Alive	2. Stillborn	999. NK	BALV

8.14.1 If baby born alive, ask how is the baby now?	1. Died before 7 days	2. Died after 7 days		BAFT NOT
	Healthy	Unhealthy	999. NK	
8.15 Did she have an abortion before her death?	1. Yes	2. No	999. NK	ABOR — abo

If response is 2 or 999 skip to Q 8.20

8.16 How many days before her death, did she have an abortion?		999.NK	DABO NOT
8.17 Did she have heavy bleeding after the abortion?	1. Yes	2. No	999. NK	BLAB NOT
8.18 Did she have high fever after the abortion?	1. Yes	2. No	999. NK	FABO NOT
8.19 Was the abortion induced?	1. Yes	2. No	999. NK	INAB NOT
8.20 Did she have seizures shortly before she died?	1. Yes	2. No	999. NK	SEIZ NOT
8.21 Did she have any previous complicated delivery?	1. Yes	2. No	999. NK	PCD
8.22 Did she have any swelling or ulcer in the breast?	1. Yes	2. No	999. NK	BTU
8.23 Did she have vaginal tumour with or without bleeding at least one month before death ?	1. Yes	2. No	999. NK	VTMR NOT

9.0 LIFE STYLE (OPTIONAL)

9.1 ALCOHOL ABUSE

9.1.1 Did the deceased ever drink alcohol?	1. Yes	2.No	999. NK	ALC

9.1.2 If yes how long had s/he been drinking alcohol?	1.Less than a year	2. 1-5 years	3. 6-10 years.	ALCD
	4. 11-15 years	5. >15 years	999. NK	

9.1.3 How often did he/she drink alcohol?	1.Daily	2. Weekly	3.Fortnightly	ALCOF
	4. Once in a while		999. NK	

9.1.4 How often did he/she get drunk?	1.Daily	2. Weekly	3.Fortnightly	ALCDK
	4. Once in a while	999. NK		

9.1.5 Which kind of alcohol did the deceased consume?

Beer	1. Yes	2.No	999. NK	BEER NOT
Spirits	1. Yes	2.No	999. NK	SPIR NOT
Wines	1. Yes	2.No	999. NK	WINE NOT
Traditional brews	1. Yes	2.No	999. NK	TBRW NOT
Traditional illicit brews	1. Yes	2.No	999. NK	TIBRW NOT
Others (specify)	1. Yes	2.No	999. NK	OTDK NOT

9.1.6 What was the source of the alcohol s/he drank?

Bar	1. Yes	2.No	999. NK	BAR NOT
Brewed it himself/herself home	1. Yes	2.No	999. NK	HOM NOT
Friends and/or relatives brews	1. Yes	2.No	999. NK	FRIE NOT
Local traditional brewer	1. Yes	2.No	999. NK	LTRA NOT
Others (specify)	1. Yes	2.No	999. NK	OTSO NOT

9.1.7 Was the deceased ever in trouble as a result of drinking alcohol?	1. Yes	2.No	999. NK	ALCTR

Indepth VA questionnaire

9.1. 8 If yes, what kind of trouble was s/he in

Trouble with the law	1. Yes	2.No	999. NK	TLAW NOT
Violence (domestic rape etc?)	1. Yes	2.No	999. NK	VIOL NOT
Got ill (type of illness)	1. Yes	2.No	999. NK	ILL... in the dataset, 'ill' is dwarf of illness
Neglect of responsibility (family break-ups, job loss etc	1. Yes	2.No	999. NK	NRES NOT
Other specify	1. Yes	2.No	999. NK	TOTH NOT

9.2. CIGARETTE SMOKING

9.2.1 Did the deceased ever smoke tobacco?

1. Yes	2.No	9. NK	SMOK i

9.2.2 If yes how long had s/he been smoking?

1.Less than a year	2. 1-5 years	3. 6-10 years.	DSMOK i
4. 11-15 years	5. >15 years	999. NK	

9.2.3 How often did he/she smoke?

1.Chain-smoked	2. Hourly	3.Daily	4. Weekly	SMOKOF i
5. Fortnightly	6. Once in a while		999. NK	

9.2.4 How much tobacco did s/he smoke per day

1.Less that 5 sticks	2. Less than 1 packet	3. 2-5 packets	NSMOK nsmok_1
4. More than 5 packets	5. Other (specify)	999. NK	

9.2.5 Which type of tobacco did the deceased consume?

Filtered cigarette	1. Yes	2.No	999. NK	FILC NOT
Unfiltered cigarette	1. Yes	2.No	999. NK	UFIL NOT
Pipe	1. Yes	2.No	999. NK	PIPE NOT
Cigar	1. Yes	2.No	999. NK	CIGA NOT
Others (specify)	1. Yes	2.No	999. NK	OTTA NOT

9.2.6 What was the source of the tobacco s/he smoked?

Bar	1. Yes	2.No	999. NK	CBAR NOT
Local retailer	1. Yes	2.No	999. NK	CLOC NOT
Home made pipe	1. Yes	2.No	999. NK	HPIP NOT
Friends and or /relatives	1. Yes	2.No	999. NK	CFRI NOT
Others (specify)	1. Yes	2.No	999. NK	COTH NOT

9.3. DRUG ABUSE

9.3.1 Did the deceased ever use drugs?

1. Yes	2.No	999. NK	UDRG i	274

9.3.2 If yes how long had s/he been using drugs?

1.Less than a year	2. 1-5 years	3. 6-10 years.	DDRG i
4. 11-15 years	5. >15 years	999. NK	

9.3.3 How often did he/she get high?

1.Daily	2. Weekly	3.Fortnightly	DRGOF i
4. Monthly	5. Once in a while	999. NK	

9.3.4. Which type of drugs did the deceased consume?

Heroine	1. Yes	2.No	999. NK	HER NOT
Cocaine	1. Yes	2.No	999. NK	COC
Ecstasy	1. Yes	2.No	999. NK	ECS
Marijuana	1. Yes	2.No	999. NK	MAR
LST	1. Yes	2.No	999. NK	LST
Prescription drugs*	1. Yes	2.No	999. NK	PDG
Anabolic steroids	1. Yes	2.No	999. NK	ANA
Inhalants	1. Yes	2.No	999. NK	INH
Others (specify)**	1. Yes	2.No	999. NK	OTD NOT

*Specify (e.g amphetamines, hallucinogens, diazepam, phethidine, etc).....
** Specify (eg glue, correction fluid, paint thinner, etc).....

9.3.5 Was the deceased ever in trouble as a result of taking drugs?

1. Yes	2.No	999. NK	DRGTR i

9.3.6 If yes what kind of trouble was s/he in?

Trouble with the law	1. Yes	2.No	999. NK	TLAWD NOT
Violence (domestic rape etc?)	1. Yes	2.No	999. NK	VIOLD NOT
Got ill (type of illness)	1. Yes	2.No	999. NK	ILLD i
Neglect of responsibility (family break-ups, job loss etc	1. Yes	2.No	999. NK	NRESD NOT
Other specify	1. Yes	2.No	999. NK	TOTHD NOT

10.0: TREATMENT AND RECORDS

10.1 Treatment

10.1.1 Did s/he receive any drug during the illness?	1. Yes	2.No	999. NK	TREAT
10.1.2 Did s/he receive any antibiotics during the illness?	1. Yes	2.No	999. NK	ANTIB
10.1.3. Did s/he receive any anti-malarial drug during the illness?	1. Yes	2.No	999. NK	ANTIM

10.1.4 Which anti-malarial drug did s/he receive?

1.Choroquine	2.Fansidar	3.Quinine	ANTIM_T
4.Other	888. NA	999. NK	

10.2 Health records

Source	Summary of details
Death Certificate	Cause of death:
Burial permit	Cause of death:
Post-mortem results	Cause of death:
MCH Card	
Hospital prescription forms	
Treatment cards	
Hospital discharge forms	Diagnosis:
Other hospital documents	
Laboratory/cytology results	
None	Tick here if there are no treatment records

10.3 HOUSE HOLD ECONOMICS, CARE AND SUPPORT

10.3.1 Was there any cost incurred on health care of the deceased ? (including transport)	1. Yes	2.No	999. NK	SPT
10.3.2 *If yes* How much spent ?				TSH
10.3.3 Who paid for the medical care ?				MPYD
10.3.4 How much was paid for the funeral?				FPYD
10.3.5 Did the property have to be sold off?	1. Yes	2.No	999. NK	SLD
10.3.6 Who inherited the property of the deceased?				HRTD
10.3.7 Was there any family members who moved into help and provides care?	1. Yes	2.No	999. NK	MVD
10.3.8 Any monetary support given for care by relatives/friends?	1. Yes	2.No	999. NK	SPRT
If yes 10.3.9 How much ?				HMCH
10.3.10 From whom?				HWM

11. Interviewer's comments and observations

Certify correct on: | | | | | | | **By:** | | **CCB**

INTERNATIONAL VERBAL AUTOPSY QUESTIONNAIRE 3
DEATH OF A PERSON AGED 15 YEARS AND ABOVE

ID/CONTROL/REFERENCE NUMBER | | | | | | |

SECTION 1.1 INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR 2 0
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED
5 PARTLY COMPLETED 6 NO APPROPRIATE RESPONDENT FOUND 7 OTHER _____ (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

PLACE NAME _____

ADDRESS/DIRECTIONS TO HOUSEHOLD _____

SECTION 1.2 ADDITIONAL DEMOGRAPHIC INFORMATION
(FOR USE IN SAMPLE VITAL REGISTRATION OR DEMOGRAPHIC SURVEILLANCE SITE)

REGION/PROVINCE _____ REGION/PROVINCE .....

FIELD SITE _____ FIELD SITE .....

HOUSEHOLD NUMBER _____ HOUSEHOLD NUMBER .....

NAME OF REFERENCE PERSON _____

RESIDENTIAL STATUS OF THE DECEASED _____

RESIDENT IN ENUMERATION AREA 1
BODY BROUGHT HOME FOR BURIAL 2
HOME-COMING SICK 3

SAMPLE INFORMED CONSENT STATEMENT

Hello. My name is _____ and I am working with [AGENCY].
We are collecting information on the causes of death in the community. We would very much appreciate your participation in this effort. We want to ask you about the circumstances leading to the death of the deceased. Whatever information you provide will be kept strictly confidential. No information identifying you or the deceased will ever be released to anyone outside of this information-collection activity.
Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. You may also stop the interview completely at any time without any consequences at all. However, we hope that you will participate in this survey since the results will help the government improve services for people.

At this time, do you want to ask me anything about the purpose or content of this interview?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED ... 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 2. BASIC INFORMATION ABOUT RESPONDENT			
201	RECORD THE TIME AT START OF INTERVIEW	HOUR ..... [ ][ ] MINUTES ..... [ ][ ]	
202	NAME OF THE RESPONDENT	_____ (NAME)	
203	What is your relationship to the deceased?	FATHER ..... 1 MOTHER ..... 2 SPOUSE ..... 3 SIBLING ..... 4 CHILD ..... 5 OTHER RELATIVE _____ 6 (SPECIFY) NO RELATION 8	
204	Did you live with the deceased in the period leading to her/his death?	YES ..... 1 NO 2	
SECTION 3. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH			
301	What was the name of the deceased?	_____ (NAME)	
302	Was the deceased female or male?	FEMALE ..... 1 MALE 2	
303	When was the deceased born? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY ..... [ ][ ] MONTH ..... [ ][ ] YEAR ..... [ ][ ][ ][ ]	
304	How old was the deceased when s/he died?	AGE IN YEARS ..... [ ][ ]	
305	What was her/his occupation, that is, what kind of work did s/he mainly do?	[ ][ ] _____ _____ _____	
306	What was the highest level of formal education the deceased attended?	NONE ..... 1 PRIMARY ..... 2 SECONDARY ..... 3 HIGHER ..... 4 DON'T KNOW 8	
307	What was her/his marital status?	NEVER MARRIED ..... 1 MARRIED/LIVING WITH A PARTNER ..... 2 WIDOWED ..... 3 DIVORCED ..... 4 SEPARATED ..... 5 DON'T KNOW 8	
308	When did s/he die? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY ..... [ ][ ] MONTH ..... [ ][ ] YEAR ..... [ ][ ][ ][ ]	
309	Where did s/he die?	HOSPITAL ..... 1 OTHER HEALTH FACILITY ..... 2 HOME ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH			
401	Could you tell me about the illness/events that led to her/his death?		
402	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT		
403	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT'		
SECTION 5. HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS			
501	I would like to ask you some questions concerning previously known medical conditions the deceased had; injuries and accidents that the deceased suffered; and signs and symptoms that the deceased had/showed when s/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the deceased had. Please tell me if the deceased suffer from any of the following illnesses:		
502	High blood pressure?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
503	Diabetes?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
504	Asthma?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
505	Epilepsy?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
506	Malnutrition?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
507	Cancer?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 509 → 509
508	Can you specify the type or site of cancer?	TYPE/SITE _____	
509	Tuberculosis?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
510	HIV/AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
511	Did s/he suffer from any other medically diagnosed illness?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 601 → 601
512	Can you specify the illness?	ILLNESS _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 6 HISTORY OF INJURIES/ACCIDENTS			
601	Did s/he suffer from any injury or accident that led to her/his death?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 604 → 604
602	What kind of injury or accident did the deceased suffer?	ROAD TRAFFIC ACCIDENT ..... 01 FALL ..... 02 DROWNING ..... 03 POISONING ..... 04 BURNS ..... 05 VIOLENCE/ASSAULT ..... 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
603	Was the injury or accident intentionally inflicted by someone else?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
604	Do you think that s/he committed suicide?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
605	Did s/he suffer from any animal/insect bite that led to her/his death?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 607 → 607
606	What type of animal/insect?	DOG ..... 1 SNAKE ..... 2 INSECT ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
607	**CHECK QUESTION 302 FOR SEX OF THE DECEASED:** FEMALE ☐ → **701** MALE ☐ →		**901**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 7. SYMPTOMS AND SIGNS ASSOCIATED WITH ILLNESS OF WOMEN			
701	Did she have an ulcer or swelling in the breast?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 703 → 703
702	For how long did she have an ulcer or swelling in the breast?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
703	Did she have excessive vaginal bleeding during menstrual periods?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 705 → 705
704	For how long did s/he have the excessive vaginal bleeding during menstrual periods?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
705	Did she have vaginal bleeding in between menstrual periods?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 707 → 707
706	For how long did she have vaginal bleeding in between menstrual periods?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
707	Did she have abnormal vaginal discharge?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 801 → 801
708	For how long did she have abnormal vaginal discharge?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
SECTION 8. SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY			
801	Was she pregnant at the time of death?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 806 → 806
802	How long was she pregnant?	WEEKS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
803	How many pregnancies had she had, including this one?	PREGNANCIES ..... DON'T KNOW 9 8	
804	During the last 3 months of pregnancy, did she suffer from any of the following illnesses:	YES NO DK	
	01 Vaginal bleeding?	VAGINAL BLEEDING 1 2 8	
	02 Smelly vaginal discharge?	SMELLY VAGINAL DISCHARGE ... 1 2 8	
	03 Puffy face?	PUFFY FACE 1 2 8	
	04 Headache?	HEADACHE 1 2 8	
	05 Blurred vision?	BLURRED VISION 1 2 8	
	06 Convulsion?	CONVULSION 1 2 8	
	07 Febrile illness?	FEBRILE ILLNESS 1 2 8	
	08 Severe abdominal pain that was not labor pain?	SEVERE ABDOMINAL PAIN (NOT LABOR PAIN) 1 2 8	
	09 Pallor and shortness of breath (both present)?	PALLOR/SHORTNESS OF BREATH (BOTH) 1 2 8	
	10 Did she suffer from any other illness?	OTHER ILLNESS ..... 1 2 8 SPECIFY: _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
805	Did she die during labor, but undelivered?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
806	Did she give birth recently?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 818 → 818
807	How many days after giving birth did she die?	DAYS ..... ☐☐ DON'T KNOW 9 8	
808	Was there excessive bleeding on the day labor started?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
809	Was there excessive bleeding during labor before delivering the baby?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
810	Was there excessive bleeding after delivering the baby?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
811	Did she have difficulty in delivering the placenta?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
812	Was she in labor for unusually long (more than 24 hours)?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
813	Was it a normal vaginal delivery?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 815 → 815
814	What type of delivery was it?	FORCEPS/VACUUM ..... 1 CAESAREAN SECTION ..... 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
815	Did she have foul smelling vaginal discharge?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
816	Where did she give birth?	HOSPITAL ..... 1 OTHER HEALTH FACILITY ..... 2 HOME ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
817	Who conducted the delivery?	DOCTOR ..... 1 NURSE/MIDWIFE ..... 2 TRADITIONAL BIRTH ATTENDANT ..... 3 RELATIVE ..... 4 MOTHER BY HERSELF ..... 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
818	Did she experience an abortion recently?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 901 → 901
819	Did she die during the abortion?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 821 → 821
820	How many days before death did she have the abortion?	DAYS ..... ☐☐ DON'T KNOW 9 8	
821	How many months pregnant was she when she had the abortion?	MONTHS ..... ☐☐ DON'T KNOW 9 8	
822	Did she have heavy bleeding after the abortion?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
823	Did the abortion occur by itself, spontaneously?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 901 → 901
824	Did she take medicine or treatment to induce?	YES ..... 1 NO ..... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 9. SIGNS AND SYMPTOMS NOTED DURING THE FINAL ILLNESS			
901	For how long was s/he ill before s/he died?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
902	Did s/he have a fever?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 907 → 907
903	For how long did s/he have a fever?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
904	Was the fever continuous or on and off?	CONTINUOUS ..... 1 ON AND OFF ..... 2 DON'T KNOW 8	
905	Did s/he have fever only at night?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
906	Did s/he have chills/rigor?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
907	Did s/he have a cough?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 913 → 913
908	For how long did s/he have a cough?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
909	Was the cough severe?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
910	Was the cough productive with sputum?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
911	Did s/he cough out blood?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
912	Did s/he have night sweats?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
913	Did s/he have breathlessness?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 918 → 918
914	For how long did s/he have breathlessness?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
915	Was s/he unable to carry out daily routines due to breathlessness?	YES ..... 1 NO ..... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
916	Was s/he breathless while lying flat?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
917	Did s/he have wheezing?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
918	Did s/he have chest pain?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 928 → 928
919	For how long did s/he have chest pain?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
920	Did chest pain start suddenly or gradually?	SUDDENLY ..... 1 GRADUALLY ..... 2 DON'T KNOW 8	
921	When s/he had severe chest pain, how long did it last?	LESS THAN HALF AN HOUR ..... 1 HALF AN HOUR TO 24 HOURS ..... 2 LONGER THAN 24 HOURS ..... 3 DON'T KNOW 8	
922	Was the chest pain located below the breastbone (sternum)?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
923	Was the chest pain located over the heart and did it spread to the left arm?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
924	Was the chest pain located over the ribs (sides)?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
925	Was the chest pain continuous or on and off?	CONTINUOUS ..... 1 ON AND OFF ..... 2 DON'T KNOW 8	
926	Did the chest pain get worse while coughing?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
927	Did s/he have palpitations?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
928	Did s/he have diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 933 → 933
929	For how long did s/he have diarrhea?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
930	Was the diarrhea continuous or on and off?	CONTINUOUS ..... 1 ON AND OFF ..... 2 DON'T KNOW 8	
931	At any time during the final illness was there blood in the stool?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
932	When the diarrhea was most severe, how many times did s/he pass stools in a day?	NUMBER ..... [ ][ ] DON'T KNOW 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
933	Did s/he vomit?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 937 → 937
934	For how long did s/he vomit?	DAYS ..... 1 ☐☐ MONTHS ..... 2 ☐☐ DON'T KNOW 9 9 8	
935	Did the vomit look like a coffee-colored fluid or bright red/blood red or some other?	COFFEE-COLORED FLUID ..... 1 BRIGHT RED/BLOOD RED ..... 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
936	When the vomiting was most severe, how many times did s/he vomit in a day?	NUMBER ..... ☐☐ DON'T KNOW 9 8	
937	CHECK QUESTION 302 FOR SEX OF THE DECEASED: FEMALE ☐ MALE ☐ →		939
938	CHECK QUESTIONS 801, 805, 819 TO SEE IF SHE DIED DURING PREGNANCY, LABOR, ABORTION OR POSTPARTUM: NO ☐ YES ☐ →		948
939	Did s/he have abdominal pain?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 941 → 941
940	For how long did s/he have abdominal pain?	DAYS ..... 1 ☐☐ MONTHS ..... 2 ☐☐ DON'T KNOW 9 9 8	
941	Did s/he have abdominal distension?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 945 → 945
942	For how long did s/he have abdominal distension?	DAYS ..... 1 ☐☐ MONTHS ..... 2 ☐☐ DON'T KNOW 9 9 8	
943	Did the distension develop rapidly within days or gradually over months?	RAPIDLY WITHIN DAYS ..... 1 GRADUALLY OVER MONTHS ..... 2 DON'T KNOW 8	
944	Was there a period of a day or longer during which s/he did not pass any stool?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
945	Did s/he have any mass in the abdomen?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 948 → 948
946	For how long did s/he have the mass in the abdomen?	DAYS ..... 1 ☐☐ MONTHS ..... 2 ☐☐ DON'T KNOW 9 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
947	Where in the abdomen was the mass located?	RIGHT UPPER ABDOMEN ..... 1 LEFT UPPER ABDOMEN ..... 2 LOWER ABDOMEN ..... 3 ALL OVER ABDOMEN ..... 4 DON'T KNOW 8	
948	Did s/he have difficulty or pain while swallowing solids?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 950 → 950
949	For how long did s/he have difficulty or pain while swallowing solids?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
950	Did s/he have difficulty or pain while swallowing liquids?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 952 → 952
951	For how long did s/he have difficulty or pain while swallowing liquids?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
952	Did s/he have headache?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 955 → 955
953	For how long did s/he the have headache?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
954	Was the headache severe?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
955	Did s/he have a stiff or painful neck?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 957 → 957
956	For how long did s/he have a stiff or painful neck?	DAYS ..... DON'T KNOW 9 8	
957	Did s/he have mental confusion?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 960 → 960
958	For how long did s/he have mental confusion?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
959	Did the mental confusion start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY ..... 1 WITHIN A DAY (FAST) ..... 2 SLOWLY (MANY DAYS) ..... 3 DON'T KNOW 8	
960	Did s/he become unconscious?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 963 → 963
961	For how long was s/he unconscious?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
962	Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY ..... 1 WITHIN A DAY (FAST) ..... 2 SLOWLY (MANY DAYS) ..... 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
963	Did s/he have convulsions?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 965 → 965
964	For how long did s/he have convulsions?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
965	Was s/he unable to open the mouth?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 967 → 967
966	For how long was s/he unable to open the mouth?	DAYS ..... DON'T KNOW 9 8	
967	Did s/he have stiffness of the whole body?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 969 → 969
968	For how long did s/he have stiffness of the whole body?	DAYS ..... DON'T KNOW 9 8	
969	Did s/he have paralysis of one side of the body?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 972 → 972
970	For how long did s/he have paralysis of one side of the body?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
971	Did the paralysis of one side of the body start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY ..... 1 WITHIN A DAY (FAST) ..... 2 SLOWLY (MANY DAYS) ..... 3 DON'T KNOW 8	
972	Did s/he have paralysis of the lower limbs?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 975 → 975
973	How long did s/he have paralysis of the lower limbs?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
974	Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY ..... 1 WITHIN A DAY (FAST) ..... 2 SLOWLY (MANY DAYS) ..... 3 DON'T KNOW 8	
975	Was there any change in color of urine?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 977 → 977
976	For how long did s/he have the change in color of urine?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
977	During the final illness did s/he ever pass blood in the urine?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 979 → 979
978	For how long did s/he pass blood in the urine?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
979	Was there any change in the amount of urine s/he passed daily?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 982 → 982
980	For how long did s/he have the change in the amount of urine passed daily?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
981	Did s/he pass too much urine, too little urine, or no urine at all?	TOO MUCH ..... 1 TOO LITTLE ..... 2 NO URINE AT ALL ..... 3 DON'T KNOW 8	
982	During the illness that led to death, did s/he have any skin rash?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 986 → 986
983	For how long did s/he have the skin rash?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
984	Was the rash on: 1 The face? 2 The trunk? 3 The arms and legs? 4 Any other place?	YES NO DK FACE ..... 1 2 8 TRUNK ..... 1 2 8 ARMS AND LEGS ..... 1 2 8 OTHER PLACE ..... 1 2 8 SPECIFY: _____ ↵	
985	What did the rash look like?	MEASLES RASH ..... 1 RASH WITH CLEAR FLUID ..... 2 RASH WITH PUS ..... 3 DON'T KNOW 8	
986	Did s/he have red eyes?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
987	Did s/he have bleeding from the nose, mouth, or anus?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
988	Did s/he ever have shingles/herpes zoster?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
989	Did s/he have weight loss?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 990 → 990
989.1	For how long did s/he have weight loss?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
989.2	Did s/he look very thin and wasted?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
990	Did s/he have mouth sores or white patches in the mouth or on the tongue?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 991 → 991
990.1	For how long did s/he have mouth sores or white patches in the mouth or on the tongue?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
991	Did s/he have any swelling?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 992 → 992

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
991.1	For how long did s/he have the swelling?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
991.2	Was the swelling on: 1 The face? 2 The joints? 3 The ankles? 4 The whole body? 5 Any other place?	YES NO DK FACE 1 2 8 JOINTS ..... 1 2 8 ANKLES ..... 1 2 8 WHOLE BODY 1 2 8 OTHER PLACE ..... 1 2 8 SPECIFY:_____ ↵	
992	Did s/he have any lumps?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 993 → 993
992.1	For how long did s/he have the lumps?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
992.2	Were the lumps on: 1 The neck? 2 The armpit? 3 The groin? 4 Any other place?	YES NO DK NECK ..... 1 2 8 ARMPIT ..... 1 2 8 GROIN ..... 1 2 8 OTHER PLACE ..... 1 2 8 SPECIFY:_____ ↵	
993	Did s/he have yellow discoloration of the eyes?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 994 → 994
993.1	For how long did s/he have yellow discoloration of the eyes?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
994	Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 995 → 995
994.1	For how long did s/he look pale or have pale palms, eyes or nail beds?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
995	Did s/he have an ulcer, abscess, or sore anywhere on the body?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 1001 → 1001
995.1	For how long did s/he have the ulcer, abscess, or sore?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
995.2	What was the location of the ulcer, abscess, or sore?	_____ _____ (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 10. TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS			
1001	Did s/he receive any treatment for the illness that led to death?	YES ..... 1 NO ..... 2 → 1008 DON'T KNOW ..... 8 → 1008	
1002	Can you please list the drugs s/he was given for the illness that led to death? COPY FROM PRESCRIPTION/DISCHARGE NOTES IF AVAILABLE	_____ _____ _____	
1003	What type of treatment did s/he receive:	YES NO DK	
	1 Oral rehydration salts and/or intravenous fluids (drip) treatment?	ORS/DRIP TREATMENT 1 2 8	
	2 Blood transfusion?	BLOOD TRANSFUSION 1 2 8	
	3 Treatment/food through a tube passed through the nose?	THROUGH THE NOSE 1 2 8	
	4 Any other treatment?	OTHER _____ (SPECIFY) 1 2 8	
1004	Please tell me at which of the following places/facilities s/he received treatment during the illness that led to death:	YES NO DK	
	1 Home?	HOME 1 2 8	
	2 Traditional healer?	TRADITIONAL HEALER 1 2 8	
	3 Government clinic?	GOVERNMENT CLINIC 1 2 8	
	4 Government hospital?	GOVERNMENT HOSPITAL 1 2 8	
	5 Private clinic?	PRIVATE CLINIC 1 2 8	
	6 Private hospital?	PRIVATE HOSPITAL 1 2 8	
	7 Pharmacy, drug seller, store?	PHARMACY, DRUG SELLER, STORE 1 2 8	
	8 Any other placer or facility?	OTHER _____ (SPECIFY) 1 2 8	
1005	In the month before death, how many contacts with formal health services did s/he have?	NUMBER OF CONTACTS ..... ☐☐ DON'T KNOW 9 8	
1006	Did a health care worker tell you the cause of death?	YES ..... 1 NO ..... 2 → 1008 DON'T KNOW ..... 8 → 1008	
1007	What did the health care worker say?	_____ _____ _____	
1008	Did s/he have any operation for the illness?	YES ..... 1 NO ..... 2 → 1101 DON'T KNOW ..... 8 → 1101	
1009	How long before death did s/he have the operation?	DAYS ..... ☐☐ DON'T KNOW 9 8	
1010	On what part of the body was the operation?	ABDOMEN ..... 1 CHEST ..... 2 HEAD ..... 3 OTHER _____ (SPECIFY) 6 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 11. RISK FACTORS			
1101	Did s/he drink alcohol?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 1106 → 1106
1102	How long had s/he been drinking? RECORD '00' IF LESS THAN ONE YEAR	YEARS ..... ☐☐ DON'T KNOW 9 8	
1103	How often did s/he drink alcohol?	DAILY ..... 1 FREQUENTLY (WEEKLY) ..... 2 ONCE IN A WHILE ..... 3 DON'T KNOW 8	
1104	Did she stop drinking?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 1106 → 1106
1105	How long before death did s/he stop drinking? RECORD '00' IF LESS THAN ONE MONTH	MONTHS ..... ☐☐ DON'T KNOW 9 8	
1106	Did s/he smoke tobacco (cigarette, cigar, pipe etc.)?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 1201 → 1201
1107	How long had s/he been smoking? RECORD '00' IF LESS THAN ONE YEAR	YEARS ..... ☐☐ DON'T KNOW 9 8	
1108	How often did s/he smoke?	DAILY ..... 1 FREQUENTLY (WEEKLY) ..... 2 ONCE IN A WHILE ..... 3 DON'T KNOW 8	 → 1201 → 1201 → 1201
1109	How many cigarettes did s/he smoke daily?	NUMBER OF CIGARETTES ..... ☐☐ DON'T KNOW 9 8	
1110	Did s/he stop smoking before death?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 1201 → 1201
1111	How long before death did s/he stop smoking? RECORD '00' IF LESS THAN ONE MONTH	MONTHS ..... ☐☐ DON'T KNOW 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 12. DATA ABSTRACTED FROM DEATH CERTIFICATE			
1201	Do you have a death certifcate for the deceased?	YES ..... 1 NO ..... 2 → 1301 DON'T KNOW ..... 8 → 1301	
1202	Can I see the death certificate? COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICATE.	**DAY** **MONTH** **YEAR** ☐☐ ☐☐ ☐☐☐☐	
1203	COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE.	**DAY** **MONTH** **YEAR** ☐☐ ☐☐ ☐☐☐☐	
1204	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE: _____		
1205	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1206	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1207	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY): _____		

SECTION 13. DATA ABSTRACTED FROM OTHER HEALTH RECORDS			
1301	OTHER HEALTH RECORDS AVAILABLE	YES ..... 1 NO 2	→ 1311
1302	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE		
1303	BURIAL PERMIT (CAUSE OF DEATH) _____		
1304	POST MORTEM RESULTS (CAUSE OF DEATH) _____		
1305	MCH/ANC CARD (RELEVANT INFORMATION) _____		
1306	HOSPITAL PRESCRIPTION (RELEVANT INFORMATION) _____		
1307	TREATMENT CARDS (RELEVANT INFORMATION) _____		
1308	HOSPITAL DISCHARGE (RELEVANT INFORMATION) _____		
1309	LABORATORY RESULTS (RELEVANT INFORMATION) _____		
1310	OTHER HOSPITAL DOCUMENTS SPECIFY: _____		
1311	RECORD THE TIME AT THE END OF INTERVIEW	HOURS ..... [ ][ ] MINUTES ..... [ ][ ]	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

MANICALAND HIV/STD PREVENTION STUDY: ROUND 3

VERBAL AUTOPSY QUESTIONNAIRE ***FORM D***

VAQ number:	
MUT number (R2):	
Interviewer (HH):	
Deceased:	

Questionnaire processing dates:	
Corrections completed	
Follow-up checklist marked	
Data entered	

QUESTIONNAIRE IDENTIFICATION

Q101 **Census district:** _____ **EA:** ☐

Q102 **Village:** _____

Q103 **Name of head of household:** _____

Q104 **Study site reference:** ☐

Q105 **Household number:** ☐

Q106 **Line number on household questionnaire:** ☐

Q107 **Line number of key informant (PRINCIPAL CARER if available):** other HHID ☐

INTERVIEWER VISIT

		Appointment			1	2	3
		Place	Date	Time			
Q108	**Date:**	_____	__	____	__	__	__
Q109	**Time:**	_____	__	____	__	__	__
Q110	**Interviewer (VAQ):**				__	__	__
Q111	**Result*:**				☐	☐	☐

CHECKED BY SUPERVISOR

Q112 **Signature:** _____

Q113 **Date:** _____

*RESULT CODES

Completed: principal carer	1
Completed: other	2
Not at home	3
Refused	4
Partially completed	5
Sick/hospital	6
Other (specify) _____	8

VERBAL AUTOPSY QUESTIONNAIRE **SOCIAL CIRCUMSTANCES** *Q. No:*

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q201	**Record the current time (24 hour clock).**	**Hour / Minutes**	hr	mins	
Q202	**Record gender of (current) informant.**	**Male**	1		
		Female	2		
Q203	***What relationship was (NAME) to you?***	**Husband/wife**	1		**- Q205**
		Father	2		
		Mother	3		
		Father-in-law	4		**- Q205**
		Mother-in-law	5		**- Q205**
		Grandfather	6		
		Grandmother	7		
		Uncle	8		
		Aunt	9		
		Brother (check not a cousin)	10		**- Q205**
		Sister (check not a cousin)	11		**- Q205**
		Brother-in-law	12		
		Sister-in-law	13		
		Son	14		**- Q205**
		Daughter	15		**- Q205**
		Son-in-law	16		
		Daughter-in-law	17		
		Nephew	18		
		Niece	19		
		Cousin	20		
		Other relative (specify)	21		
		Not related: boy/girlfriend	22		**- Q205**
		Not related: other	23		**- Q205**
Q204	***Was (NAME) a paternal or a maternal relative?***	**Paternal**	1		
		Maternal	2		
		Not applicable	99		
Q205	**Record the sex of the deceased.**	**Male**	1		
		Female	2		
Q206	***What was the date when (NAME) passed away?***	**Month/year**	mth	yr	
		Don't know	998		
Q207	***What proportion of the household's income did (NAME) contribute before he/she became ill?***	**75% plus**	1		
		50-74%	2		
		25-49%	3		
		10-24%	4		
		5-9%	5		
		Under 5%	6		
		Not known	98		
Q208	***What has happened to the household since (NAME) passed away?***	**Relocated**	1		
		Dispersed	2		**- Q210**
		Continued	3		**- Q210**
	Relocated: only if whole household moved.	**Not known**	98		**- Q210**
Q209	***What type of place did they move to?***	**Large town or city**	1		
		Small town	2		
		Growth point	3		
		Commercial estate/mine	4		
	Record the name of the place.	**Roadside business centre**	5		
		Rural business centre	6		
		Communal/resettlement area	7		
Q210	***Where was (NAME) staying the night (before) he/she passed away?***	**At home**	1		
		Local hospital/clinic	2		
		District hospital	3		
	Record the name of the place.	**Harare**	4		
		Mutare	5		
		Other (specify) _____	8		
Q211	***How long was it from the time (NAME) first became ill to the time he/she passed away?***		days	wks / mths	
		Don't know	98		**- Q213**
Q212	***For how much of this time did he/she stay in hospital and for how long was he/she cared for at home?***	**Hospital**	days	wks / mths	
		Home	days	wks / mths	
	Check total agrees with Q211.				
Q213	***What relationship to him/her was (NAME)'s principal carer when he/she was being looked after at home?***	**Respondent?**	Y(1)	N(2)	
		Enter codes from Q203/204.			
Q214	***What age is the carer?***		yrs		

VERBAL AUTOPSY QUESTIONNAIRE **SOCIAL CIRCUMSTANCES** ***Q. No:***

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q215	***Did you/the carer receive assistance from any of the following during (NAME)'s illness?***	Help? Y N / Type(s) 1 2 / Charge Y N / Rating **Neighbours** 1 2 / / / 1 2 / **Family/relatives** 1 2 / / / 1 2 / **Church** 1 2 / / / 1 2 / **CBDs** 1 2 / / / 1 2 / **VCWs** 1 2 / / / 1 2 / **Health clinic/MOH** 1 2 / / / 1 2 / **Dept of Social Welfare** 1 2 / / / 1 2 / **CHBC group** 1 2 / / / 1 2 / **FASO** 1 2 / / / 1 2 / **PLWA group (other)** 1 2 / / / 1 2 / **Peer educators** 1 2 / / / 1 2 / **Other (specify)** 1 2 / / / 1 2 /	
Q216	***What were the main types of assistance these people provided?*** **1. Training on how to care for the sick** **2. Ongoing assistance with care tasks (bathing patient, cooking, cleaning etc.)** **3. Material things (food, cloths, blankets etc.)** **4. Money** **5. Medicine**	**Indicate in second & third columns in Q215. Record up to two main types of assistance.** **6. Healthcare supplies (bleach, gloves, bandages etc.)** **7. Respite care** **8. Home visits to check on how you were doing** **9. Psychosocial support for the sick** **10. Psychosocial support for the carer** **11. Other**	
Q217	***Did these groups charge for their services?***	**Indicate in fourth column in Q215.**	
Q218	***How would you rate the help you received from these people?*** **1. Very helpful** **2. Somewhat helpful** **3. A little helpful**	**Indicate in final column in Q215.** **4. Good intentions but not very helpful** **5. More of a bother than a help**	
Q219	***Did you or anyone else in your household receive training in how to care for the sick?***	**Yes - self** 1 **Yes - other household member** 2 **No** 3	**- Q223**
Q220	***Who provided that training?***	**Health clinic/MOH** 1 **Church** 2 **Local NGO** 3 **Other (specify)** 8	
Q221	***What kind of training did they provide?*** **Check for other areas covered.**	**Physical health care** 1 **Comforting the sick** 2 **Counselling** 3 **Preventing illness spreading to others** 4 **Other (specify)** 8	
Q222	***Did the training meet your needs?***	**Yes** 1 **No** 2	
Q223	***Was medicine prescribed for (NAME)'s illness?***	**Yes** 1 **No** 2	**- Q237**
Q224	***Did this medicine include drugs to prevent HIV from causing AIDS? (i.e. antiretroviral therapy)***	**Yes** 1 **No** 2	
Q225	***Was (NAME) always able to obtain this medicine?***	**Yes** 1 **No - could not afford** 2 **No - not always available** 3 **Other (specify)** 8	
Q226	***Did the medicine prescribed include drugs to prevent HIV from causing AIDS? (i.e. antiretroviral therapy)***	**Yes** 1 **No** 2	**- Q235**
Q227	***How long did (NAME) take these drugs?***	mths / yrs **Never took any** 99	**- Q229**
Q228	***What was the reason (NAME) never took these drugs?***	**Too expensive** 1 **Not available locally** 2 **Not permitted by church** 3 **Side effects** 4 **Other (specify)** 5 **Don't know** 8	**- Q235** **- Q235** **- Q235** **- Q235** **- Q235** **- Q235**
Q229	***From what source(s) did (NAME) obtain these drugs?***	**Local clinic/pharmacy** 1 **District hospital** 2 **Mutare or Harare** 3 **Outside Zimbabwe** 4 **Don't know** 5	

VERBAL AUTOPSY QUESTIONNAIRE **SOCIAL CIRCUMSTANCES** ***Q. No:***

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q230	***Who paid for the drugs?*** **If more than one, tick all relevant boxes.**	**Available free** 1 **Self (NAME)** 2 **Caregiver** 3 **Relative (besides caregiver)** 4 **Friend** 5 **Employer** 6	☐ ☐ ☐ ☐ ☐ ☐	
Q231	***Were there particular times when (NAME) took these drugs?***	**All the time** 1 **When he/she felt unwell** 2 **When could afford or paid for** 3 **Other (specify)** 8	☐ ☐ ☐ ☐	
Q232	***Did (NAME) sometimes refuse or forget to take the drugs?***		Yes / No	
		Refused	1 / 2	
		Forgot	1 / 2	
Q233	***Did (NAME) experience any unpleasant side effects when he/she was taking these drugs?***	**Yes** 1 **No** 2	☐ ☐	
Q234	***What were the main side effects?***			
Q235	***Was (NAME) able to obtain care from the health clinic whenever it was thought necessary?***	**Yes** 1 **No** 2	☐ ☐	**- Q237**
Q236	***Why was she/he not able to receive care from a health clinic?***	**Transport problems** 1 **Clinic charges too high** 2 **Clinic treatment ineffective (religion)** 3 **Clinic treatment ineffective (other)** 4 **Other (specify)** 8	☐ ☐ ☐ ☐ ☐	
Q237	***How did (NAME)'s illness affect your own life?*** **Read through list.**		Yes / No	
		Dropped out of school	1 / 2	
		Missed school	1 / 2	
		Lost/gave up job	1 / 2	
		Stress	1 / 2	
		Illness	1 / 2	
		Fewer friends	1 / 2	
		More friends	1 / 2	
		New regular sex partner	1 / 2	
		New casual sex partner(s)	1 / 2	
		Increased condom use	1 / 2	
		Other (specify)	1 / 2	
Q238	***How difficult was it for you to provide care for (NAME)?***	**Easy** 1 **Difficult** 2 **Very difficult** 3	☐ ☐ ☐	
Q239	***Did the death of (NAME) leave you feeling:***		Very / A little / Not much	
	1. Lonely		1 / 2 / 3	
	2. Life is not worth living		1 / 2 / 3	
	3. Resilient about the future		1 / 2 / 3	
	4. Able to do your job properly		1 / 2 / 3	
	5. People are wonderful		1 / 2 / 3	
	6. Scared		1 / 2 / 3	
	7. Determined		1 / 2 / 3	
Q240	***How many other members of your household have died in the last 2 years?***		☐	
Q241	***How many spouses/regular partners did (NAME) have in his/her lifetime?*** **Regular = cohabiting or > 12 months.** **Ask questions Q242 to Q253 for the most recent spouse, then the previous, and so on ...**	**For women, record number of other wives the husband had and use columns 2-4 to record the same details for these co-wives.**	☐ co-wives	
		Spouse/regular	1 / 1 / 1 / 1	
		Co-wife	2 / 2 / 2 / 2	
Q242	***In what year did (NAME) and (PARTNER) marry/begin their relationship?***		yr / yr / yr / yr	
		Don't know	98 / 98 / 98 / 98	

VERBAL AUTOPSY QUESTIONNAIRE **SOCIAL CIRCUMSTANCES** ***Q. No:***

REF.	QUESTIONS & FILTERS	CODING CATEGORIES						SKIP TO
Q243	***Is (PARTNER) still alive?***	**Yes**	1	1	1	1		**- Q247**
		No	2	2	2	2		
		Don't know	98	98	98	98		**- Q247**
Q244	***Did (PARTNER) die before or after (NAME) passed away?***	**Before**	1	1	1	1		
		After	2	2	2	2		
Q245	***How many years before/after (NAME) passed away did (PARTNER) die?***		yrs	yrs	yrs	yrs		
		Don't know	98	98	98	98		
Q246	***What were the main symptoms that (PARTNER) was suffering from before he/she passed away?***	**HIV/AIDS**	12	12	12	12		-
		Fever - malaria	1	1	1	1		-
		Sickness/vommiting	2	2	2	2		-
		Diarrhoea/weight loss	3	3	3	3		**- Go to**
		Swollen lymph nodes	4	4	4	4		**- Q250 if**
		Skin complaints/rashes	5	5	5	5		**- partner**
	Ask for others.	**Genital conditions**	6	6	6	6		**- died**
		Fever - other	7	7	7	7		**- first**
		Flu/pneumonia	8	8	8	8		**- (Q244)**
		Tuberculosis	9	9	9	9		-
		Accident/wound	10	10	10	10		-
		Other (specify)	11	11	11	11		-
Q247	***Has (PARTNER) married again or resumed sexual activity since (NAME) passed away?***	**Married again**	1	1	1	1		
		Resumed sex	2	2	2	2		**- Q250**
		Neither	3	3	3	3		**- Q250**
		Don't know	98	98	98	98		
Q248	***After how many months did (PARTNER) remarry?***	**0-24**	mnths	mths	mths	mths		
		Don't know	98	98	98	98		
Q249	***Was the new spouse related to (NAME)?***	**Yes: brother/sister**	1	1	1	1		
		Yes: other (specify)	2	2	2	2		
		No	3	3	3	3		
Q250	***Were (NAME) and (PARTNER) living together at the time (NAME) died?***	**Yes**	1	1	1	1		**- Q253**
		No	2	2	2	2		
	Tick "Yes" if (NAME) was in the clinic/ hospital but previously staying together.	**PARTNER already died**	8	8	8	8		**- Q301**
Q251	***What was their reason for living apart?***	**Work reasons**	1	1	1	1		
		Separated (married)	2	2	2	2		
		Hospitalised: PARTNER	3	3	3	3		
		Other (specify)	8	8	8	8		
Q252	***Where was (PARTNER) living before (NAME) died?*** **Record the name of the place.**	**Large town or city**	1	1	1	1		
		Small town	2	2	2	2		
		Growth point	3	3	3	3		
		Estate/mine	4	4	4	4		
	1.	**Roadside BC**	5	5	5	5		
	2.	**Rural BC**	6	6	6	6		
	3.	**Communal area**	7	7	7	7		
	4.							
Q253	***Where is (PARTNER) living now?***	**Same household**	1	1	1	1		
		Same place/village	2	2	2	2		
		Large town or city	3	3	3	3		
	Record the name of the place.	**Small town**	4	4	4	4		
		Growth point	5	5	5	5		
	1.	**Estate/mine**	6	6	6	6		
	2.	**Roadside BC**	7	7	7	7		
	3.	**Rural BC**	8	8	8	8		
	4.	**Communal area**	9	9	9	9		

VERBAL AUTOPSY QUESTIONNAIRE **FINANCIAL IMPLICATIONS** ***Q. No:***

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q301	***Where did (NAME) go to obtain assistance when he/she was ill?*** **Record total visits made to each in the first column, then ...** **Record first person/place in the second column, second person in the third column, and so on ...**	**Local clinic** 1 1 1 1 **District hospital** 2 2 2 2 **Provincial hospital** 3 3 3 3 **Private doctor** 4 4 4 4 **N'anga** 5 5 5 5 **Faith healer** 6 6 6 6 **Other (specify)** 8 8 8 8	
Q302	***How much money was spent in total in each case on each of the following?*** **Ask for each person mentioned in Q301.** **Add up totals for each and overall.**	Hosp / P Doc / N'anga / F.H. / Visitors Z$'000 **Admission fees** **Consultation fees** **Drugs/treatments** **Transport** **Other accomodation** **Other (specify)** **Z$ Total** **Don't know** 98 98 98 98 98	
Q303	***Approximately how much of the total costs was contributed by the following:*** **Check total matches Q302.**	**Deceased** Z$ **Spouse** Z$ **Household residents (other)** Z$ **Relatives living elsewhere** Z$ **Friends/neighbours** Z$ **Visitors' contributions** Z$ **Deceased's employer** Z$ **Other (specify)** Z$ Total Z$	
Q304	***How much money was spent on the funeral and memorial services?***	Funeral / Memorial **Funeral / Memorial expenses** Z$ Z$	
Q305	***Approximately how much of the total costs was contributed by the following:*** **Check total matches Q304.**	**Deceased's savings** Z$ Z$ **Spouse** Z$ Z$ **Household residents (othr)** Z$ Z$ **Relatives living elsewhere** Z$ Z$ **Friends/neighbours** Z$ Z$ **Burial society** Z$ Z$ **Deceased's employer** Z$ Z$ **Other (specify)** Z$ Z$ **Total** Z$ Z$	
Q306	***How much was raised through sales of household assets to meet these costs?***	**Health/care costs** Z$ **Funeral/memorial expenses** Z$	
Q307	***Which of these types of assets were sold?***	Yes / No **Radio** 1 2 **Television** 1 2 **Bicycle** 1 2 **Furniture** 1 2 **Refridgerator** 1 2 **Kitchen/cooking equipment** 1 2 **Cattle** 1 2 **Other (specify)** 1 2	
Q308	***Was (NAME) in paid employment at the time he/she became ill?***	**Yes** 1 **No** 2 **- Q314** **Don't know** 98 **- Q314**	
Q309	***Was this employment terminated when (NAME) became ill?***	**Yes** 1 **No** 2 **- Q312** **Don't know** 98 **- Q312**	

VERBAL AUTOPSY QUESTIONNAIRE **FINANCIAL IMPLICATIONS** *Q. No:*

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q310	***Did (NAME) receive any pension or termination payment when he/she lost his/her job?***	**Yes: pension**	1		
		Yes: termination payment	2		
		Yes: both	3		
		No	4		**- Q314**
		Don't know	98		**- Q314**
Q311	***How much did he/she receive?***	**Pension (per month)**		zs	
		Termination payment		zs	
		Don't know	98		
Q312	***Is (NAME)'s spouse now receiving a widow's pension?***	**Yes**	1		
		No	2		**- Q314**
		Don't know	98		**- Q314**
Q313	***How much does he/she receive?***	**Pension (per month)**		zs	
Q314	***How much financial assistance has the spouse/family received from the Department of Social Welfare following (NAME)'s death?***	**School fees**		zs	
		Housing allowance		zs	
		Subsistence allowance		zs	
		Don't know	98		

VERBAL AUTOPSY QUESTIONNAIRE: EFFECT OF DEATH ON DECEASED'S CHILDREN ***Q. No:***

"Now I would like to get some information about (NAME)'s children " ...

LINE NO	LINE NO @ B/L	DECEASED'S CHILDREN	SEX OF CHILD	DATE OF BIRTH	ALIVE AT B/L		PARENT'S SURVIVAL		CHILD'S SURVIVAL	AGE AT DEATH	EDUCATION					CARE ARRANGEMENTS							INTERVIEW DONE?
Q401	Q402	Q403	Q404	Q405	Q406	Q407	Q408	Q409	Q410	Q411	Q412	Q413	Q414	Q415	Q416	Q417	Q418	Q419	Q420	Q421	Q422	Q423	Q424
CHILDREN BORN BEFORE BASELINE SURVEY VISIT				**To be completed in office.**																			
	Enter line no. from B/L Q.	**Copy names of children aged under 16 years at the time of the baseline survey from questionnaire S7.**	**Record sex of child.**	**Record date of birth.**	**Alive at baseline visit?**	**Note child's age when died.**	***Is (NAME)'s other natural parent still alive?***	**Note year died.**	***Is (NAME) still alive?***	***If dead: How old was (NAME) when he/she died?***	***Is (NAME) still in school?*** **If no, go to Q414.**	***Why did (NAME) leave school?***	***What is the highest level of education (NAME) has completed?***	***Has (NAME) passed the Grade 7 exam? How many "O" levels has (NAME) passed?***		***How many different* households has (NAME) lived in regularly when (PARENT) was: (i) in good health? (ii) unwell? (iii) deceased?***			***Where was (NAME) living? A. when (PARENT) first became sick? B. when (PARENT) died? C. now?***		***What is the name of the person who was looking after (NAME) at this time?*** **(A, B & C).**	***What is the relation-ship of this person to (NAME)?***	**Record child's follow-up interview details if done.**
	#		M F	Mth Yr	Y N DK	Dys Mths Yrs	Y N DK	Year	Y N DK	Dys Mths Yrs	Y N	Enter code	Form Grade	Gd7	"O"s	Well	Sick	Died	Name of place	Code	Name of person	Enter code	Site	MUT2NO
1			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
2			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
3			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
4			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
5			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
6			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
7			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
8			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
9			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
10			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					

REASONS FOR LEAVING SCHOOL (Q413)

1. Insufficient funds
2. Found a job
3. To go to technical college
4. To go to university
5. Inadequate exam passes
6. Needed to help at home
7. Expelled: pregnancy
8. Expelled: other reasons
9. Pregnancy: left voluntarily
10. Other (specify)

PLACES OF RESIDENCE (Q420)

1. Large town or city
2. Small town
3. Growth point
4. Commercial estate/town
5. Roadside business centre (tarred)
6. Rural business centre
7. Communal /resettlement area

CARER'S RELATIONSHIP TO CHILD (Q423)

1 Natural mother
2 Natural father
3 Father's new/co-wife (stepmother)
4 Mother's new husband (stepfather)
5 Sister
6 Brother
7 Sister-in-law
8. Brother-in-law
9. Maternal uncle
10. Paternal uncle
11. Maternal grandfather
12. Paternal grandfather
13. Maternal grandmother
14. Paternal grandmother
15. Father-in-law
16. Mother-in-law
17. Cousin
18. Other relation
19. No relation

* State totals separately for each period - i.e.: including households stayed in in preceeding periods.

VERBAL AUTOPSY QUESTIONNAIRE: EFFECT OF DEATH ON DECEASED'S CHILDREN ***Q. No:*** ____

"Now I would like to get some information about (NAME)'s children who were born since we came here the last time " ...

LINE NO	DECEASED'S CHILDREN	SEX OF CHILD	DATE OF BIRTH	CHILD'S MOTHER	PARENT'S SURVIVAL		CHILD'S SURVIVAL	AGE AT DEATH	AGE	HEALTH			CARE ARRANGEMENTS					
Q401	Q403	Q404	Q405	Q425	Q408	Q409	Q410	Q411	Q426	Q427	Q428	Q429	Q418	Q419	Q420	Q421	Q422	Q423
	CHILDREN BORN SINCE BASELINE SURVEY VISIT. **Request list of new births.** **If no name yet given, indicate "No name".**	*Is (NAME) a boy or a girl?*	*In what month and year was (NAME) born?*	**If deceased was male:** *What was the name of the child's natural mother?*	*Is (NAME)'s other natural parent still alive?*	**Note year died.**	*Is (NAME) still alive?*	**If dead:** *How old was (NAME) when he/she died?*	**If alive:** *How old was (NAME) at his/her last birthday?*	*Is (NAME) thriving? * **Observe child & examine CHC.**	**Record child's weight from CHC.**	**Note whether immuniz-ations are up to date.**	*How many different households has (NAME) lived in regularly when (PARENT) was: (i) in good health? (ii) unwell? (iii) deceased?*		*Where was (NAME) living? A. when (PARENT) first became sick? B. when (PARENT) died? C. now?*		*What is the name of the person who was looking after (NAME) at this time? (A, B & C).*	*What is the relation-ship of this person to (NAME)? (A, B & C).*
		M F	Mth Yr		Y N DK	Year	Y N DK	Dys Mths Yrs	Yrs Mths	Y N DK	kgs	Y N	Well	Sick	Died	Name of place	Code	Name of person	Enter code
1 01		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			
1 02		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			
1 03		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			
1 04		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			
1 05		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			
1 06		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			
1 07		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			
1 08		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			

"Just to make sure I have a complete listing ... "

Q430 ***Are there any other small children or infants that we have not yet listed?*** **Number:** ____ **Add each in table above.**

Q431 ***Are there any small children or infants who have died that we have forgotten?*** **Number:** ____ **Add each in table above.**

REASONS FOR LEAVING SCHOOL (Q413)

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4. To go to university
5. Inadequate exam passes
6. Needed to help at home
7. Expelled: pregnancy
8. Expelled: other reasons
9. Pregnancy: left voluntarily
10. Other (specify)

PLACES OF RESIDENCE (Q420)

1. Large town or city
2. Small town
3. Growth point
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CARER'S RELATIONSHIP TO CHILD (Q423)

1 Natural mother
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3 Father's new/co-wife (stepmother)
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5 Sister
6 Brother
7 Sister-in-law
8. Brother-in-law
9. Maternal uncle
10. Paternal uncle
11. Maternal grandfather
12. Paternal grandfather
13. Maternal grandmother
14. Paternal grandmother
15. Father-in-law
16. Mother-in-law
17. Cousin
18. Other relation
19. No relation

* i.e.: achieving milestones, not suffering from kwashiokor, HIV etc.

VERBAL AUTOPSY QUESTIONNAIRE **VERBAL AUTOPSY** *Q. No:* ____

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q501	**Ask the respondent for his/her account of the cause of death.**				
Q502	***During the two weeks before (NAME) died, did he/she suffer from any major injury, poisoning, burn or drowning?***	**Poisoning**	1	☐	
		Fall	2	☐	
		Burn	3	☐	
		Drowning	4	☐	
		Alcohol intoxication	5	☐	
		Ate toxic herbs/plants	6	☐	
		Motor vehicle accident	7	☐	
		Other injury	8	☐	
		Death not due to injury	9	☐	**- Q504**
Q503	***Was it an accident, was it inflicted deliberately by someone else, or was the death self-inflicted?***	**Accident**	1	☐	
		Homicide	2	☐	
		Suicide	3	☐	
		Don't know	98	☐	
Q504	**Record whether deceased was male or female.**	**Male**	1	☐	**- Q701**
		Female	2	☐	

VERBAL AUTOPSY QUESTIONNAIRE **MATERNITY** ***Q. No:***

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q601	***How many children had (NAME) given birth to when she died?*** **Do NOT include the last birth.**	**Live births** **Don't know**	98	
Q602	***Did (NAME) die during pregnancy or childbirth or within 6 weeks of giving birth?***	**Yes** **No** **Don't know**	1 2 98	**- Q608**
Q603	***Did (NAME) have her periods coming regularly?***	**Yes** **No** **Don't know**	1 2 98	
Q604	***Did (NAME) have a swelling growing out of the vagina?***	**Yes** **No** **Don't know**	1 2 98	 **- Q606** **- Q606**
Q605	***For how long had this swelling been present?***	**Months/years** **Don't know**	mths yrs 98	
Q606	***Did (NAME) have bleeding from the vagina?***	**Yes** **No** **Don't know**	1 2 98	**- Q701**
Q607	***How long ago did she last have her period?***	**Months/years** **Don't know**	mths yrs 98	**- Q609** **- Q609**
Q608	***How many months was she pregnant when she died?***	**Month** **Don't know**	mths 98	
Q609	***Did she suffer from any complaints during her last pregnancy?***	**Yes (specify)** **No** **Don't know**	1 2 98	
Q610	***Did she attend antenatal clinics during her last pregnancy?***	**Yes** **No** **Don't know**	1 2 98	
Q611	***Did (NAME) have high blood pressure during pregnancy?***	**Yes** **No** **Don't know**	1 2 98	
Q612a	***Was she complaining of severe headaches?***	**Yes** **No** **Don't know**	1 2 98	
Q612b	***Was there bleeding during pregnancy?***	**Yes** **No** **Don't know**	1 2 98	
Q613	***Did (NAME) have oedema of the limbs during pregnancy?***	**Yes** **No** **Don't know**	1 2 98	
Q614	***Did (NAME) have malaria during pregnancy?***	**Yes** **No** **Don't know**	1 2 98	

VERBAL AUTOPSY QUESTIONNAIRE **MATERNITY** ***Q. No:***

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q615	***At what stage of the pregnancy did (NAME) die?***	**During delivery**	1		
		Shortly before delivery	2		
		Well before delivery	98		**- Q701**
Q616	***Was there excessive bleeding during delivery?***	**Yes**	1		
		No	2		
		Don't know	98		
Q617	***Was she complaining of severe headaches during delivery?***	**Yes**	1		
		No	2		
		Don't know	98		
Q618	***Did she have terrible abdominal pains during delivery that suddenly stopped before she died?***	**Yes**	1		
		No	2		
		Don't know	98		
Q619	***Did the placenta come out within half an hour of the birth of the child?***	**Yes**	1		
		No	2		
		Don't know	98		
Q620	***Did (NAME) have convulsions during delivery?***	**Yes**	1		
		No	2		
		Don't know	98		
Q621	***Was there high fever starting after delivery?***	**Yes**	1		
		No	2		**- Q623**
		Don't know	98		**- Q623**
Q622	***Did it start immediately after delivery or after a few days?***	**Immediately**	1		
		After a few days	2		
		Don't know	98		
Q623	***Where did the delivery take place?***	**Home**	1		
		Relative's home	2		
		TBA's house	3		
		Provincial hospital	4		
		District hospital	5		
		Other local hospital	6		
		Clinic	7		
		Other (specify)	8		
		Don't know	98		
Q624	***Who was in attendance at the birth?***	**Doctor**	1		
		Nurse	2		
		Midwife	3		
		TBA	4		
		Don't know	98		
Q625	***Is the child still alive?***	**Yes**	1		
		Stillbirth	2		
		Died after birth	3		
		Don't know	98		

VERBAL AUTOPSY QUESTIONNAIRE **ADULTS** *Q. No:*

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q701	***For how long had (NAME) been ill before he/she died?***		days / mths / yrs	
		Don't know	98	
Q702	***Did (NAME) have frequent loose stools or liquid stools during the disease that led to death?***	**Yes**	1	
		No	2	**- Q710**
		Don't know	98	**- Q710**
Q703	***How many stools did he/she have in a day?***	**Number of stools**		
		Don't know	98	
Q704	***How long did the diarrhoea last?***		days / mths / yrs	
		Don't know	98	
Q705	***Did (NAME) have blood in the stools?***	**Yes**	1	
		No	2	**- Q708**
		Don't know	98	**- Q708**
Q706	***For how long did he/she have blood in the stools?***		days / mths / yrs	
		Don't know	98	
Q707	***Did the stools look like rice water (whitish)?***	**Yes**	1	
		No	2	
		Don't know	98	
Q708	***Did the eyes become more sunken?***	**Yes**	1	
		No	2	
		Don't know	98	
Q709	***Did he/she suffer from dehydration?***	**Yes**	1	
		No	2	
		Don't know	98	
Q710	***Did (NAME) have a cough?***	**Yes**	1	
		No	2	**- Q716**
		Don't know	98	**- Q716**
Q711	***For how long did this last?***		days / mths / yrs	
		Don't know	98	
Q712	***Did (NAME) cough sputum?***	**Yes**	1	
		No	2	
		Don't know	98	
Q713	***Did (NAME) have severe pain while coughing?***	**Yes**	1	
		No	2	
		Don't know	98	
Q714	***Did (NAME) cough blood?***	**Yes**	1	
		No	2	
		Don't know	98	
Q715	***Did (NAME) cough more at night than in the morning?***	**Yes**	1	
		No	2	
		Don't know	98	

VERBAL AUTOPSY QUESTIONNAIRE **ADULTS** *Q. No:*

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q716	*Did (NAME) have trouble breathing during the illness that led to death?*	**Yes**	1	
		No	2	- Q721
		Don't know	98	- Q721
Q717	*For how long did this last?*		days / mths / yrs	
		Don't know	98	
Q718	*Was (NAME) unable to lie down flat in bed because of shortness of breath?*	**Yes**	1	
		No	2	
		Don't know	98	
Q719	*During the past years did (NAME) have attacks of shortness of breath and noisy breathing (asthma)?*	**Yes**	1	
		No	2	
		Don't know	98	
Q720	*During the past year, was (NAME) short of breath upon exercise?*	**Yes**	1	
		No	2	
		Don't know	98	
Q721	*Did (NAME) have pneumonia?*	**Yes**	1	
		No	2	
		Don't know	98	
Q722	*How long ago is it since (NAME) suffered from tuberculosis?*		mths / yrs	
		Never	97	
		Don't know	98	
Q723	*Did (NAME) have profuse night sweating?*	**Yes**	1	
		No	2	
		Don't know	98	
Q724	*Did (NAME) have a fever?*	**Yes**	1	
		No	2	- Q728
		Don't know	98	- Q728
Q725	*For how long did this last?*		days / mths / yrs	
		Don't know	98	
Q726	*Was the fever present all the time or intermittent?*	**Present all the time**	1	
		Intermittent	2	
		Don't know	98	
Q727	*Was (NAME) shivering before having fever?*	**Yes**	1	
		No	2	
		Don't know	98	
Q728	*During the illness that led to death was (NAME) unconscious or very confused?*	**Yes**	1	
		No	2	- Q730
		Don't know	98	- Q730
Q729	*For how long did this last?*		days / mths / yrs	
		Don't know	98	
Q730	*During the illness that led to death, did (NAME) have convulsions?*	**Yes**	1	
		No	2	
		Don't know	98	

VERBAL AUTOPSY QUESTIONNAIRE **ADULTS** *Q. No:* ____

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q731	*During the illness that led to death, did (NAME) have neck stiffness?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q732	*During the illness that led to death, did (NAME) have severe headache?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q733	*During the illness that led to death, did (NAME) have problems opening his/her mouth?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q734	*During the illness that led to death, did (NAME) have spasms? (body muscles becoming very stiff)*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q735	*Did (NAME) get a wound (e.g.: bed sores) during the last two weeks before death?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q736	*Was (NAME) unable to speak?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q737	*During the disease that led to death, did (NAME) loose weight?*	**Yes**	1	☐	
		No	2	☐	**- Q739**
		Don't know	98	☐	**- Q739**
Q738	*Was the weight loss severe or moderate?*	**Severe**	1	☐	
		Moderate	2	☐	
		Don't know	98	☐	
Q739	*During the disease that led to death, did (NAME) become very pale?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q740	*During the disease that led to death, did (NAME) suffer a yellowing of the whites of the eyes (jaundice)?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q741	*During the disease that led to death, did (NAME) have swollen legs?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q742	*Did the colour of his/her hair change?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q743	*Did (NAME) complain of burning sensations of the legs?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q744	*Did (NAME) have any skin problems during the disease that led to death?*	**Yes**	1	☐	
		No	2	☐	**- Q749**
		Don't know	98	☐	**- Q749**
Q745	*For how many days did it last?*	**Days**		☐	
		Don't know	98	☐	
Q746	*Where was the rash located?*	**All over the body**	1	☐	
	_____	**On specific parts only (specify)**	2	☐	
		Don't know	98	☐	

VERBAL AUTOPSY QUESTIONNAIRE **ADULTS** *Q. No:* ____

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q747	*Did (NAME) complain of itching of the skin?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q748	*Did the skin become very dry or scaly?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q749	*Did (NAME) have one localised dark swelling of skin?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q750	*Did (NAME) have abcesses or sores?*	**Yes**	1	☐	
		No	2	☐	**- Q752**
		Don't know	98	☐	**- Q752**
Q751	*How many abscesses or sores?*	**One**	1	☐	
		Two to four	2	☐	
		At least five	3	☐	
		Don't know	98	☐	
Q752	*Has (NAME) ever had herpes zoster?*	**Yes**	1	☐	
		No	2	☐	**- Q754**
		Don't know	98	☐	**- Q754**
Q753	*How many times?*	**Once**	1	☐	
		More than once	2	☐	
		Don't know	98	☐	
Q754	*Did (NAME) have swellings?*	**Yes**	1	☐	
		No	2	☐	**- Q756**
		Don't know	98	☐	**- Q756**
Q755	*Which parts were swollen?*	**Whole body swollen**	1	☐	
		Bumps all over body	2	☐	
	Any other parts?	**Neck**	3	☐	
		Face	4	☐	
		Feet, lower legs	5	☐	
	Probe for other parts.	**Axilla (arm pit)**	6	☐	
		Groin	7	☐	
		Abdomen	8	☐	
		Other parts (specify)	9	☐	
		Don't know	98	☐	
Q756	*Did (NAME) have protruded eyes?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q757	*Was (NAME) able to see well?*	**Yes**	1	☐	**- Q759**
		No	2	☐	
		Don't know	98	☐	
Q758	*Was (NAME) able to see well when he/she was a child?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q759	*Was (NAME) known to have a heart problem?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	

VERBAL AUTOPSY QUESTIONNAIRE **ADULTS** *Q. No:* ____

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q760	*Was (NAME) known to have high blood pressure?*	**Yes**	1		
		No	2		
		Don't know	98		
Q761	*Was (NAME) known to have diabetes?*	**Yes**	1		
		No	2		
		Don't know	98		
Q762	*Was (NAME) known to have HIV infection?*	**Yes**	1		
		No	2		
		Don't know	98		
Q763	*Did (NAME) have "sickle cell"?*	**Yes**	1		
		No	2		
		Don't know	98		
Q764	*Was (NAME) healthy as a child?*	**Yes**	1		**- Q768**
		No	2		
		Don't know	98		
Q765	*Did (NAME) have attacks of severe joint pains during his/her life?*	**Yes**	1		
		No	2		
		Don't know	98		
Q766	*Did (NAME) have attacks of becoming yellow during his/her lifetime?*	**Yes**	1		
		No	2		
		Don't know	98		
Q767	*Are there other family members with a similar disease?*	**Yes**	1		
		No	2		
		Don't know	98		
Q768	*Did (NAME) have ulcers in the mouth?*	**Yes**	1		
		No	2		
		Don't know	98		
Q769	*Did (NAME) have difficulty swallowing?*	**Yes**	1		
		No	2		
		Don't know	98		
Q770	*Did (NAME) have white patches on the inside of the mouth and tongue?*	**Yes**	1		
		No	2		
		Don't know	98		
Q771	*Did(NAME) suffer from vomitting?*	**Yes**	1		
		No	2		**- Q773**
		Don't know	98		**- Q773**
Q772	*Did (NAME) vomit blood?*	**Yes**	1		
		No	2		
		Don't know	98		
Q773	*Did (NAME) have severe pains in the abdomen?*	**Yes**	1		**- Q776**
		No	2		
		Don't know	98		
Q774	*Did (NAME) dislike certain foods?*	**Yes**	1		
		No	2		**- Q776**
		Don't know	98		**- Q776**
Q775	*Which foods did he/she dislike?*	**Beans**	1		
		Peppers	2		
		Other (specify)	98		

VERBAL AUTOPSY QUESTIONNAIRE **ADULTS** *Q. No:* ____

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q776	*Did (NAME) experience any problems/changes in urination?*	**Yes**	1	☐	
		No	2	☐	**- Q782**
		Don't know	98	☐	**- Q782**
Q777	*Did (NAME) have pain during urination?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q778	*During the illness that led to death, did (NAME) pass brown or dark urine?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q779	*During the illness that led to death, did (NAME) have blood in the urine?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q780	*Was (NAME) unable to pass urine during the last days before death?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q781	*Did (NAME) have to urinate a lot?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q782	*Did (NAME) have unusually excessive thirst?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q783	*Did (NAME) complain of severe body pains?*	**Yes**	1	☐	
		No	2	☐	**- Q785**
		Don't know	98	☐	**- Q785**
Q784	*Which parts was (NAME) complaining of?* **Probe for any other parts.**	**Whole body**	1	☐	
		Abdomen	2	☐	
		Limbs	3	☐	
		Chest	4	☐	
		Head	5	☐	
		Bones	6	☐	
		Other parts (specify)	8	☐	
		Don't know	98	☐	
Q785	*Did (NAME) have allergic skin reactions to drugs?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q786	*Was(NAME) unable to move limbs? (paralysis)?* *If yes, which ones?*	**Yes: one sided**	1	☐	
		Yes: both legs	2	☐	
		Yes: both arms	3	☐	
		No	4	☐	
		Don't know	98	☐	
Q787	*During his/her lifetime, did (NAME) usually drink a lot of alcohol?*	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q788	*Does (NAME) have a spouse who is unwell?*	**No**	1	☐	
		Yes: acutely ill	2	☐	
		Yes: chronically ill	3	☐	
		Don't know	98	☐	

VERBAL AUTOPSY QUESTIONNAIRE **ADULTS** ***Q. No:*** ____

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q789	***During the disease that led to death, was advice or treatment sought from anywhere / anyone?*** **Record all mentioned.**	**Nobody** 1 ☐ **Relative/friends** 2 ☐ **N'anga** 3 ☐ **Faith healer** 4 ☐ **Pharmacist** 5 ☐ **Private health facility** 6 ☐ **Government dispensary / clinic** 7 ☐ **Hospital** 8 ☐ **Don't know** 98 ☐		
Q790	***Was he/she given anything when he/she was ill?***	**Yes** 1 ☐ **No** 2 ☐		**- Q792**
		Don't know 98 ☐		**- Q792**
Q791	***What treatment was given?*** ***Anything else?*** **Record all mentioned.**	**Tablets** 1 ☐ **Capsules** 2 ☐ **Injections** 3 ☐ **ORS packet solution** 4 ☐ **Syrup** 5 ☐ **Home remedy** 6 ☐ **Traditional medicine** 7 ☐ **Other (specify)** 8 ☐ **Don't know** 98 ☐		
Q792	***Where did (NAME) die?***	**Hospital/clinic** 1 ☐ **On way to hospital** 2 ☐ **At home** 3 ☐ **Elsewhere** 4 ☐ **Don't know** 98 ☐		
Q792	***Is there a death certificate?***	**Yes** ☐ **No** ☐		**- End**
		Don't know ☐		**- End**
Q793	**Check name.**	**Correct** ☐ **Incorrect** ☐		
Q794	**Record date of death per death certificate.**	mnth ☐☐ yr ☐☐		
Q795	**Record place of death per death certificate.**	**Name of place.** _____ **Harare** 1 ☐ **Mutare** 2 ☐ **Rusape** 3 ☐ **Other town or city** 4 ☐ **Small town or growth point** 5 ☐ **Estate/mining area** 6 ☐ **Roadside business centre** 7 ☐ **Rural business centre** 8 ☐ **Communal/resettlement area** 9 ☐ **Not stated** 98 ☐		
Q796	**Record age at death per death certificate.**	yrs ☐☐		
Q797	**Record cause of death per death certificate.**	**Immediate cause** _____ _____ _____ **Underlying cause** _____ _____ _____		