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	☐	

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	

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	☐	

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	

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		

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

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	☐	

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

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	☐	

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 ____			