

Survey

## 2022 WHO Verbal Autopsy instrument

[ Age group: ALL ]

### VA interviewer

[ Id10010 ] [ Age group: ALL ]  
**(Id10010) [Name of VA interviewer]**

[ Id10010a ] [ Age group: ALL ]  
**(Id10010a) [Age of VA interviewer]**  
*Enter 99 if do not wish to disclose age*

[ Id10010b ] [ Age group: ALL ]  
**(Id10010b) [Sex of VA interviewer]**

Choose only one option:

<input type="radio"/>	Female
<input type="radio"/>	Male
<input type="radio"/>	Ambiguous/Intersex

[ Id10010c ] [ Age group: ALL ]  
**(Id10010c) [ID of VA interviewer]**  
*Enter "NA" if ID of interviewer is not available.*

[ language ] [ Age group: ALL ]  
**Interview language**

Choose only one option:

<input type="radio"/>	English
<input type="radio"/>	Language 2
<input type="radio"/>	Language 3

[ Age group: ALL ]

## Preset HIV-Malaria mortality and season.

[ Id10002 ] [ Age group: ALL ]

**(Id10002) [Is this a region of high HIV/AIDS mortality?]**

*Should be completed by the central office. HIGH corresponds to more than 1% of deaths due to HIV/AIDS, LOW around 0.1%, VERY LOW less than 0.01%. Filling in during the interview is not mandatory. Usually the value is predetermined for the region.*

Choose only one option:

<input type="radio"/>	High
<input type="radio"/>	Low
<input type="radio"/>	Very low

[ Id10003 ] [ Age group: ALL ]

**(Id10003) [Is this a region of high malaria mortality?]**

*Should be completed by the central office. HIGH corresponds to more than 1% of deaths due to malaria, LOW around 0.1%, VERY LOW less than 0.01%. Filling in during the interview is not mandatory. Usually the value is predetermined for the region.*

Choose only one option:

<input type="radio"/>	High
<input type="radio"/>	Low
<input type="radio"/>	Very low

[ Id10004 ] [ Age group: ALL ]

**(Id10004) [During which season did (s)he die?]**

*Should be completed by the central office.*

Choose only one option:

<input type="radio"/>	Wet
<input type="radio"/>	Dry
<input type="radio"/>	Doesn't know

[ Age group: ALL ]

### Information on the respondent and background about interview

[ Id10007 ] [ Age group: ALL ]

**(Id10007) What is the full name of VA respondent?**

[ Id10007a ] [ Age group: ALL ]

**(Id10007a) [What is the sex of VA respondent?]**

Choose only one option:

<input type="radio"/>	Female
<input type="radio"/>	Male
<input type="radio"/>	Ambiguous/Intersex

[ Id10007b ] [ Age group: ALL ]

**(Id10007b) What is the age of VA respondent?**

[ Id10008 ] [ Age group: ALL ]

**(Id10008) What is your/the respondent's relationship to the deceased?**

*First verify if the respondent is a family member, and only if it is not a family member choose the other categories like health worker or public official.*

Choose only one option:

<input type="radio"/>	Parent
<input type="radio"/>	Child
<input type="radio"/>	Other family member
<input type="radio"/>	Friend
<input type="radio"/>	Spouse
<input type="radio"/>	Health worker
<input type="radio"/>	Public official
<input type="radio"/>	Another relationship
<input type="radio"/>	Refused to answer

[ Id10009 ] [ Age group: ALL ]

**(Id10009) Did you/the respondent live with the deceased in the period leading to her/his death?**

*The period leading to her/his death refers to the period when the illness that led to death started; the period of time when the person was ill leading to her/his death. It could be 2 days, 1 week, 3 months, etc.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10012 ] [ Age group: ALL ]

**(Id10012) Date of the interview**

Today: \_\_ / \_\_ / \_\_\_\_ (DD/MM/YYYY)

[ Id10013 ] [ Age group: ALL ]

**(Id10013) [Did the respondent give consent?]**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No

[ Id10011 ] [ Age group: ALL ]

**(Id10011) Start time of the interview**

Start time:

• Relevant when:

(Id10013) [Did the respondent give consent?] was answered with Yes .

[ Age group: ALL ]

**Skip to end if not consented**

[ Age group: ALL ]

## Information about the deceased and vital registration

[ Age group: ALL ]

### Information on the Deceased

[ Id10017 ] [ Age group: ALL ]

**(Id10017) What was the first or given name(s) of the deceased?**

[ Id10018 ] [ Age group: ALL ]

**(Id10018) What was the surname(s) (or family name(s)) of the deceased?**

[ Id10019 ] [ Age group: ALL ]

**(Id10019) What was the sex of the deceased?**

Choose only one option:

<input type="radio"/>	Female
<input type="radio"/>	Male
<input type="radio"/>	Ambiguous/Intersex

[ Id10020 ] [ Age group: ALL ]

**(Id10020) Is the date of birth known?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10020) Is the date of birth known? was answered with .

[ Id10021 ] [ Age group: ALL ]

**(Id10021) When was the deceased born?**

Date: \_\_ / \_\_ / \_\_\_\_ (DD/MM/YYYY)

[ Id10022 ] [ Age group: ALL ]

**(Id10022) Is the date of death known?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10022) Is the date of death known? was answered with Yes AND (Id10020) Is the date of birth known? was answered with Yes.

[ Id10023\_a ] [ Age group: ALL ]

**(Id10023\_a) When did (s)he die?**

*If the deceased was a stillborn baby, enter the date of delivery as the date of death.*

Date: \_\_ / \_\_ / \_\_\_\_ (DD/MM/YYYY)

• Relevant when:

(Id10022) Is the date of death known? was answered with Yes AND ( Id10020) Is the date of birth known? was answered with No OR (Id10020) Is the date of birth known? was answered with Refused to answer ).

[ Id10023\_b ] [ Age group: ALL ]

**(Id10023\_b) When did (s)he die?**

*If the deceased was a stillborn baby, enter the date of delivery as the date of death.*

Date: \_\_ / \_\_ / \_\_\_\_ (DD/MM/YYYY)

• Relevant when:

(Id10022) Is the date of death known? was answered with No OR (Id10022) Is the date of death known? was answered with Refused to answer.

[ Id10024 ] [ Age group: ALL ]

**(Id10024) Please indicate the year of death.**

Date: \_\_ / \_\_ / \_\_\_\_ (DD/MM/YYYY)

• Relevant when:

(Id10020) Is the date of birth known? was NOT answered with Yes OR (Id10022) Is the date of death known? was NOT answered with Yes.

[ age\_group ] [ Age group: ALL ]

**[What age group corresponds to the deceased?]**

*(1) Neonatal 0-27 completed days; (2) Child 28 days - through 11 years; (3) Adult - above 12 years*

Choose only one option:

<input type="radio"/>	Neonate
<input type="radio"/>	Child
<input type="radio"/>	Adult

• Relevant when:

[What age group corresponds to the deceased?] was answered with Adult.

[ age\_adult ] [ Age group: A ]

**[Enter adult's age in years:]**

*A response is required for this question. If the exact age is unknown, enter the best estimate.*

[ Id10058 ] [ Age group: ALL ]

**(Id10058) Where did the deceased die?**

Choose only one option:

<input type="radio"/>	Hospital
<input type="radio"/>	Other health facility
<input type="radio"/>	Home
<input type="radio"/>	On route to hospital or facility
<input type="radio"/>	Other
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10487 ] [ Age group: ALL ]

**(Id10487) In the two weeks before death, did (s)he live with, visit, or care for someone who had any COVID-19 symptoms or a positive COVID-19 test?**

*COVID-19 symptoms include fever, difficulty breathing, cough, extreme fatigue, and changes in sense of smell or taste. In case of neonates or young children, please omit "care for".*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10051 ] [ Age group: ALL ]

**(Id10051) [Is there a need to collect additional demographic data on the deceased?]**

*If you choose 'No', this question allows to skip asking details about place of residence, education, and family. The question on marriage status will always be asked for adults.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No

• Relevant when:

(Id10051) [Is there a need to collect additional demographic data on the deceased?] was answered with Yes.

[ Id10052 ] [ Age group: ALL ]

**(Id10052) What was her/his citizenship/nationality?**

Choose only one option:

<input type="radio"/>	Citizen at birth
<input type="radio"/>	Naturalized citizen
<input type="radio"/>	Foreign national
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10051) [Is there a need to collect additional demographic data on the deceased?] was answered with Yes .

[ Id10053 ] [ Age group: ALL ]

**(Id10053) What was her/his ethnicity?**

Enter a “-” if this information is not available.

• Relevant when:

(Id10051) [Is there a need to collect additional demographic data on the deceased?] was answered with Yes .

[ Id10054 ] [ Age group: ALL ]

**(Id10054) What was her/his place of birth?**

Specify here village and district. A question on the facility and circumstances will be asked later. Enter a “-” if this information is not available.

• Relevant when:

(Id10051) [Is there a need to collect additional demographic data on the deceased?] was answered with Yes .

[ Id10055 ] [ Age group: ALL ]

**(Id10055) What was her/his place of usual residence? (the place where the person lived most of the year)**

For perinatal cases, just ask for the address of the health facility or if released and at home, the home address.

• Relevant when:

(Id10051) [Is there a need to collect additional demographic data on the deceased?] was answered with Yes .

[ Id10057 ] [ Age group: ALL ]

**(Id10057) Where did the death occur? (specify country, province, district, village)**

Should be completed as instructed by the central office.

• Relevant when:

The deceased person is an Adult is True .

[ Id10059 ] [ Age group: A ]

**(Id10059) What was her/his marital status?**

Life partner is defined here as living with someone for a long time without ever having married.

Choose only one option:

<input type="radio"/>	Single
<input type="radio"/>	Married
<input type="radio"/>	Life partner
<input type="radio"/>	Divorced
<input type="radio"/>	Widowed
<input type="radio"/>	Too young to be married
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( ( The deceased person is a Child is True AND Age in Months is greater than or equal with 48 ) OR The deceased person is an Adult is True ) AND (Id10051) [Is there a need to collect additional demographic data on the deceased?] was answered with Yes .

[ Id10063 ] [ Age group: C\_A ]

**(Id10063) What was her/his highest level of schooling?**

Choose only one option:

<input type="radio"/>	No formal education
<input type="radio"/>	Primary school
<input type="radio"/>	Secondary school
<input type="radio"/>	Higher than secondary school
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10063) What was her/his highest level of schooling? was answered with No formal education OR  
(Id10063) What was her/his highest level of schooling? was answered with Primary school OR  
(Id10063) What was her/his highest level of schooling? was answered with Doesn't know OR (Id10063)  
What was her/his highest level of schooling? was answered with Refused to answer .

[ Id10064 ] [ Age group: C\_A ]

**(Id10064) Was (s)he able to read and/or write?**

*This question is aimed at measuring literacy (i.e. not disability), if the deceased learned to read and/or write in her/his lifetime.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer



• Relevant when:

( ( The deceased person is a Child is True AND Age in Months is greater than or equal with 96 ) OR The deceased person is an Adult is True ) AND (Id10051) [Is there a need to collect additional demographic data on the deceased?] was answered with Yes .

[ Id10065 ] [ Age group: C\_A ]

**(Id10065) What was her/his economic activity status in year prior to death?**

*The deceased might have had several activities. Choose the one that was probably true for most of the year preceding illness and death*

Choose only one option:

<input type="radio"/>	Mainly unemployed
<input type="radio"/>	Mainly employed
<input type="radio"/>	Home-maker
<input type="radio"/>	Pensioner
<input type="radio"/>	Student
<input type="radio"/>	Other
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( ( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND (Id10051) [Is there a need to collect additional demographic data on the deceased?] was answered with Yes AND (Id10065) What was her/his economic activity status in year prior to death? was answered with Mainly employed .

[ Id10066 ] [ Age group: C\_A ]

**(Id10066) What was her/his occupation, that is, what kind of work did (s)he mainly do?**

[ Age group: ALL ]

## Open narrative

[ noteon ] [ Age group: ALL ]

**Record detailed notes of response or audio record the response if the option is available. If needed, probe the respondent for additional details on when the deceased recognized symptoms, abnormalities, care sought, etc. Ask the respondent if any medical records from the time preceding death are available and record any relevant information. Some of the following questions may be repetetive or irrelevant to the respondent but they are very important in the COD assignment process.**

[ Id10476 ] [ Age group: ALL ]

**(Id10476) Thank you for your information. Now can you please tell me in your own words about the events that led to the death?**

*[If there's no information available, please enter "no information available"]*

• Relevant when:

The deceased person is an Adult is True.

[ Id10477 ] [ Age group: A ]

(Id10477) [Select any of the following words that were mentioned as present in the narrative.]

Choose one or more options:

<input type="checkbox"/>	Chronic kidney disease
<input type="checkbox"/>	Dialysis
<input type="checkbox"/>	Fever
<input type="checkbox"/>	Heart attack
<input type="checkbox"/>	Heart problem
<input type="checkbox"/>	Jaundice
<input type="checkbox"/>	Liver failure
<input type="checkbox"/>	Malaria
<input type="checkbox"/>	Pneumonia
<input type="checkbox"/>	Renal (kidney) failure
<input type="checkbox"/>	Suicide
<input type="checkbox"/>	None of the above words were mentioned
<input type="checkbox"/>	Don't know

[ notenarr ] [ Age group: ALL ]

Some of the following questions may be repetitive or irrelevant to the respondent but they are very important in the COD assignment process.

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Age group: C\_A ]

## Medical history associated with final illness

[ note\_s\_s ] [ Age group: ALL ]

Explain to the respondent that the following section contains a series of questions on whether diagnosis from a health professional was obtained for a number of illnesses. Clarify that the aim of this series is on medical diagnosis of specific illnesses, and not on signs and symptoms or the perceived cause of death by the respondent.

[ Id10125 ] [ Age group: C\_A ]

**(Id10125) Was there any diagnosis by a health professional of tuberculosis?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10126 ] [ Age group: C\_A ]

**(Id10126) Was an HIV test ever positive?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10127 ] [ Age group: C\_A ]

**(Id10127) Was there any diagnosis by a health professional of AIDS?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10128 ] [ Age group: C\_A ]

**(Id10128) Did (s)he have a recent positive test by a health professional for malaria?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10128) Did (s)he have a recent positive test by a health professional for malaria? was NOT answered with .

[ Id10129 ] [ Age group: C\_A ]

**(Id10129) Did (s)he have a recent negative test by a health professional for malaria?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10482 ] [ Age group: C\_A ]

**(Id10482) Was there any diagnosis by a health professional of COVID-19?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10483 ] [ Age group: C\_A ]

**(Id10483) Did s(h)e have a recent test for COVID-19?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10483) Did s(h)e have a recent test for COVID-19? was answered with .

[ Id10484 ] [ Age group: C\_A ]

**(Id10484) What was the result?**

*Prompt for the result of the most recent test in case the deceased had more than 1 test performed*

Choose only one option:

<input type="radio"/>	Positive
<input type="radio"/>	Negative
<input type="radio"/>	Unclear
<input type="radio"/>	Don't know
<input type="radio"/>	Refused to answer

[ Id10130 ] [ Age group: C\_A ]

**(Id10130) Was there any diagnosis by a health professional of dengue fever?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10131 ] [ Age group: C\_A ]

**(Id10131) Was there any diagnosis by a health professional of measles?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10132 ] [ Age group: C\_A ]

**(Id10132) Was there any diagnosis by a health professional of high blood pressure?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10133 ] [ Age group: C\_A ]

**(Id10133) Was there any diagnosis by a health professional of heart disease?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10134 ] [ Age group: C\_A ]

**(Id10134) Was there any diagnosis by a health professional of diabetes?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10135 ] [ Age group: C\_A ]

**(Id10135) Was there any diagnosis by a health professional of asthma?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10136 ] [ Age group: C\_A ]

**(Id10136) Was there any diagnosis by a health professional of epilepsy?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10137 ] [ Age group: C\_A ]

**(Id10137) Was there any diagnosis by a health professional of cancer?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is an Adult is True.

[ Id10138 ] [ Age group: A ]

**(Id10138) Was there any diagnosis by a health professional of Chronic Obstructive Pulmonary Disease (COPD)?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is an Adult is True.

[ Id10139 ] [ Age group: A ]

**(Id10139) Was there any diagnosis by a health professional of dementia?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is an Adult is True.

[ Id10140 ] [ Age group: A ]

**(Id10140) Was there any diagnosis by a health professional of depression?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is an Adult is True.

[ Id10141 ] [ Age group: A ]

**(Id10141) Was there any diagnosis by a health professional of stroke?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10142 ] [ Age group: C\_A ]

**(Id10142) Was there any diagnosis by a health professional of sickle cell disease?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10143 ] [ Age group: C\_A ]

**(Id10143) Was there any diagnosis by a health professional of kidney disease?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10144 ] [ Age group: C\_A ]

**(Id10144) Was there any diagnosis by a health professional of liver disease?**

*Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ nmh ] [ Age group: ALL ]

**Unless specified, the following questions on signs, symptoms, treatment and circumstances relate specifically to the illness and the period of illness that led to death.**



[ Age group: ALL ]

## History of injuries/accidents

• Relevant when:

(Id10114) If the baby didn't show any sign of life, was it born dead? was NOT answered with Yes .

[ Id10077 ] [ Age group: ALL ]

**(Id10077) Did (s)he suffer from any injury or accident that led to her/his death?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10077) Did (s)he suffer from any injury or accident that led to her/his death? was answered with Yes OR

(Id10077) Did (s)he suffer from any injury or accident that led to her/his death? was answered with Doesn't know OR (Id10077) Did (s)he suffer from any injury or accident that led to her/his death? was answered with Refused to answer .

[ Age group: ALL ]

## Injuries and accidents detail

• Relevant when:

(Id10077) Did (s)he suffer from any injury or accident that led to her/his death? was answered with Yes .

[ Id10077\_a ] [ Age group: ALL ]

**(Id10077\_a) How long after the injury or accident did s/he die?**

*Establish whether the deceased died within 7 days or more of the accident or injury that led to death. This is important as it will determine the length of the VA interview. If within 7 days then the deceased likely died from the accident or injury and only maternal questions will be asked in addition to the injury section. If more than 7 days, the full VA interview will be conducted.*

Choose only one option:

<input type="radio"/>	less or equal to 7 days
<input type="radio"/>	more than 7 days
<input type="radio"/>	Don't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10077\_a) How long after the injury or accident did s/he die? was answered with less or equal to 7 days .

[ Id10077\_b ] [ Age group: ALL ]

**(Id10077\_b) [Interviewer click "OK" to confirm the answer: She/died less than or equal to 7 days after the accident]**

Acknowledge:

[ Id10079 ] [ Age group: ALL ]

**(Id10079) Was it a road transport injury?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10079) Was it a road transport injury? was answered with No OR (Id10079) Was it a road transport injury? was answered with Doesn't know OR (Id10079) Was it a road transport injury? was answered with Refused to answer.

[ Id10082 ] [ Age group: ALL ]

**(Id10082) Was it a non-road transport injury?**

*Non-road transport injuries include those involving air (e.g., plane), rail (e.g., train), sea or river (e.g., boat, canoe) transportation*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10082) Was it a non-road transport injury? was answered with No OR (Id10082) Was it a non-road transport injury? was answered with Doesn't know OR (Id10082) Was it a non-road transport injury? was answered with Refused to answer.

[ Id10083 ] [ Age group: ALL ]

**(Id10083) Was (s)he injured in a fall?**

*This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10083) Was (s)he injured in a fall? was answered with No OR (Id10083) Was (s)he injured in a fall? was answered with Doesn't know OR (Id10083) Was (s)he injured in a fall? was answered with Refused to answer.

[ Id10084 ] [ Age group: ALL ]

**(Id10084) Was there any poisoning?**

*This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10084) Was there any poisoning? was answered with No OR (Id10084) Was there any poisoning? was answered with Doesn't know OR (Id10084) Was there any poisoning? was answered with Refused to answer.

[ Id10085 ] [ Age group: ALL ]

**(Id10085) Did (s)he die of drowning?**

*This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10085) Did (s)he die of drowning? was answered with No OR (Id10085) Did (s)he die of drowning? was answered with Doesn't know OR (Id10085) Did (s)he die of drowning? was answered with Refused to answer.

[ Id10086 ] [ Age group: ALL ]

**(Id10086) Was (s)he injured by a venomous bite or sting from an animal or insect?**

*This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10086) Was (s)he injured by a venomous bite or sting from an animal or insect? was answered with No  
OR (Id10086) Was (s)he injured by a venomous bite or sting from an animal or insect? was answered  
with Doesn't know OR (Id10086) Was (s)he injured by a venomous bite or sting from an animal or  
insect? was answered with Refused to answer.

[ Id10087 ] [ Age group: ALL ]

**(Id10087) Was (s)he injured by an animal or insect (non-venomous)?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10087) Was (s)he injured by an animal or insect (non-venomous)? was answered with Yes OR  
(Id10086) Was (s)he injured by a venomous bite or sting from an animal or insect? was answered with Yes.

[ Id10088 ] [ Age group: ALL ]

**(Id10088) What was the animal/insect?**

Choose only one option:

<input type="radio"/>	Dog
<input type="radio"/>	Snake
<input type="radio"/>	Insect or scorpion
<input type="radio"/>	Other
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10087) Was (s)he injured by an animal or insect (non-venomous)? was answered with No OR  
(Id10087) Was (s)he injured by an animal or insect (non-venomous)? was answered with Doesn't know  
OR (Id10087) Was (s)he injured by an animal or insect (non-venomous)? was answered with Refused to  
answer.

[ Id10089 ] [ Age group: ALL ]

**(Id10089) Was (s)he injured by burns/fire?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10089) Was (s)he injured by burns/fire? was answered with   (Id10089) Was (s)he injured by burns/fire? was answered with   (Id10089) Was (s)he injured by burns/fire? was answered with .

[ Id10091 ] [ Age group: ALL ]

**(Id10091) Was (s)he injured by a firearm?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10091) Was (s)he injured by a firearm? was answered with   (Id10091) Was (s)he injured by a firearm? was answered with   (Id10091) Was (s)he injured by a firearm? was answered with .

[ Id10092 ] [ Age group: ALL ]

**(Id10092) Was (s)he stabbed, cut or pierced?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10092) Was (s)he stabbed, cut or pierced? was answered with   (Id10092) Was (s)he stabbed, cut or pierced? was answered with   (Id10092) Was (s)he stabbed, cut or pierced? was answered with .

[ Id10093 ] [ Age group: ALL ]

**(Id10093) Was (s)he strangled?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10093) Was (s)he strangled? was answered with No OR (Id10093) Was (s)he strangled? was answered with Doesn't know OR (Id10093) Was (s)he strangled? was answered with Refused to answer.

[ Id10096 ] [ Age group: ALL ]

**(Id10096) Was s(h)e electrocuted?**

*This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10096) Was s(h)e electrocuted? was answered with No OR (Id10096) Was s(h)e electrocuted? was answered with Doesn't know OR (Id10096) Was s(h)e electrocuted? was answered with Refused to answer.

[ Id10094 ] [ Age group: ALL ]

**(Id10094) Was (s)he injured by a blunt force?**

*A blunt force trauma is a non-penetrating injury from an object.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10096) Was s(h)e electrocuted? was answered with No OR (Id10096) Was s(h)e electrocuted? was answered with Doesn't know OR (Id10096) Was s(h)e electrocuted? was answered with Refused to answer.

[ Id10095 ] [ Age group: ALL ]

**(Id10095) Was (s)he injured by a force of nature?**

*Forces of nature can include lightning, flooding, earthquake, tsunami, bush fire, volcanic eruption, etc.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

(Id10095) Was (s)he injured by a force of nature? was answered with No OR (Id10095) Was (s)he injured by a force of nature? was answered with Doesn't know OR (Id10095) Was (s)he injured by a force of nature? was answered with Refused to answer.

[ Id10097 ] [ Age group: ALL ]

**(Id10097) Did (s)he suffer any other injury?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

(Id10095) Was (s)he injured by a force of nature? was NOT answered with Yes.

[ Id10098 ] [ Age group: ALL ]

**(Id10098) Was the injury accidental?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

Age in Years is greater than or equal with 10 AND ( (Id10098) Was the injury accidental? was answered with No OR (Id10098) Was the injury accidental? was answered with Doesn't know OR (Id10098) Was the injury accidental? was answered with Refused to answer ).

[ Id10099 ] [ Age group: A ]

**(Id10099) Was the injury self-inflicted?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10098) Was the injury accidental? was NOT answered with Yes AND ( (Id10099) Was the injury self-inflicted? was answered with No OR (Id10099) Was the injury self-inflicted? was answered with Doesn't know OR (Id10099) Was the injury self-inflicted? was answered with Refused to answer OR Age in Years is less than 10 OR The deceased person is a Neonate is True ).

[ Id10100 ] [ Age group: ALL ]

**(Id10100) Was the injury intentionally inflicted by someone else?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Age group: ALL ]

## Health history

• Relevant when:

(Id10114) If the baby didn't show any sign of life, was it born dead? was NOT answered with Yes AND (Id10077\_a) How long after the injury or accident did s/he die? was NOT answered with less or equal to 7 days .

[ Age group: ALL ]

## Duration of illness

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True .

[ id10120\_unit ] [ Age group: C\_A ]

**(id10120\_unit) For how long was (s)he ill before death?**

*If the respondent is unable to answer, prompt: Was s(h)e ill for less than 3 weeks (interviewer enter 14 days); or more than three weeks (interviewer to enter 1 month) before death?*

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Years
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer



- Relevant when:

(id10120\_unit) For how long was (s)he ill before death? was answered with Months .

[ Id10121 ] [ Age group: C\_A ]

**(Id10121) Months**

- Relevant when:

(id10120\_unit) For how long was (s)he ill before death? was answered with Years .

[ Id10122 ] [ Age group: C\_A ]

**(Id10122) Years**

- Relevant when:

(id10120\_unit) For how long was (s)he ill before death? was answered with Days .

[ Id10120\_1 ] [ Age group: C\_A ]

**(Id10120\_1) Days**

*Less than 24 hours = 0 days.*

- Relevant when:

(Id10114) If the baby didn't show any sign of life, was it born dead? was NOT answered with Yes AND

(Id10077\_a) How long after the injury or accident did s/he die? was NOT answered with less or equal to 7 days .

[ Id10123 ] [ Age group: ALL ]

**(Id10123) Did (s)he die suddenly?**

*Suddenly refers to dying within 24 hours of being in regular good health.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

(Id10114) If the baby didn't show any sign of life, was it born dead? was NOT answered with Yes AND

(Id10077\_a) How long after the injury or accident did s/he die? was NOT answered with less or equal to 7 days .

[ Age group: ALL ]

**General signs and symptoms associated with final illness**

[ Id10147 ] [ Age group: ALL ]

**(Id10147) Did (s)he have a fever?**

*Fever is a term used when the body feels abnormally warm or hot to touch, and/or when a thermometer records an abnormally high temperature.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10147) Did (s)he have a fever? was answered with Yes AND ( The deceased person is a Child is True OR The deceased person is an Adult is True ).

[ Id10148\_units ] [ Age group: C\_A ]

**(Id10148\_units) How long did the fever last?**

*If the respondent is unable to answer, prompt: Did the fever last less than 1 week (interviewer to enter 6 days); less than two weeks (interviewer to enter 13 days); or more than 2 weeks (interviewer to enter 15 days)? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.*

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10148\_units) How long did the fever last? was answered with Days.

[ Id10148\_b ] [ Age group: C\_A ]

**(Id10148\_b) [Enter how long the fever lasted in days]:**

*Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.*

• Relevant when:

(Id10148\_units) How long did the fever last? was answered with Months.

[ Id10148\_c ] [ Age group: C\_A ]

**(Id10148\_c) [Enter how long the fever lasted in months]:**

*Enter 1-60 months.*

• Relevant when:

(Id10147) Did (s)he have a fever? was answered with Yes.

[ Id10149 ] [ Age group: ALL ]

**(Id10149) Did the fever continue until death?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( ( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND (Id10147) Did (s)he have a fever? was answered with Yes.

[ Id10150 ] [ Age group: C\_A ]

**(Id10150) How severe was the fever?**

Choose only one option:

<input type="radio"/>	Mild
<input type="radio"/>	Severe
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( ( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND (Id10147) Did (s)he have a fever? was answered with Yes.

[ Id10151 ] [ Age group: C\_A ]

**(Id10151) What was the pattern of the fever?**

Choose only one option:

<input type="radio"/>	Continuous
<input type="radio"/>	On and off
<input type="radio"/>	Only at night
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10153 ] [ Age group: ALL ]

**(Id10153) Did (s)he have a cough?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( ☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True ) ☐ AND ☐ (Id10153) Did (s)he have a cough? was answered with ☐ Yes .

[ Id10154\_units ] [ Age group: C\_A ]

**(Id10154\_units) For how long did (s)he have a cough?**

*If the respondent is unable to answer, prompt: Did the cough last less than 3 weeks (interviewer to enter 20 days); or at least 3 weeks (interviewer to enter 22 days)? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.*

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10154\_units) For how long did (s)he have a cough? was answered with ☐ Days .

[ Id10154\_a ] [ Age group: C\_A ]

**(Id10154\_a) [Enter how long (s)he had a cough in days]:**

*Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.*

• Relevant when:

(Id10154\_units) For how long did (s)he have a cough? was answered with ☐ Months .

[ Id10154\_b ] [ Age group: C\_A ]

**(Id10154\_b) [Enter how long (s)he had a cough in months]:**

*Enter 1-60 months.*

• Relevant when:

( ☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True ) ☐ AND ☐ (Id10153) Did (s)he have a cough? was answered with ☐ Yes .

[ Id10155 ] [ Age group: C\_A ]

**(Id10155) Was the cough productive, with sputum?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( ☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True ) ☐ AND ☐ (Id10153) Did (s)he have a cough? was answered with ☐ Yes .

[ Id10156 ] [ Age group: C\_A ]

**(Id10156) Was the cough very severe?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( ☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True ) ☐ AND ☐ (Id10153) Did (s)he have a cough? was answered with ☐ Yes .

[ Id10157 ] [ Age group: C\_A ]

**(Id10157) Did (s)he cough up blood?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10159 ] [ Age group: ALL ]

**(Id10159) Did s/he have any difficulty breathing or breathlessness?**

*Breathing difficulties are an important feature that aid identification of the cause of death, and can be observed in the form of struggling to breath or feeling out of breath.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10159) Did s/he have any difficulty breathing or breathlessness? was answered with ☐ Yes .

[ Age group: ALL ]

**Duration of breathing difficulty**

- Relevant when:

The deceased person is a Child is ☐ True ☒ OR The deceased person is an Adult is ☐ True .

[ id10161\_unit ] [ Age group: C\_A ]

**(Id10161\_unit) For how long did the difficulty breathing or breathlessness last?**

*If the respondent is unable to answer, prompt: Did the difficulty breathing or breathlessness last for less than 3 days (interviewer to enter 2 days), or for at least 3 days (interviewer to enter 4 days)?*

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Years
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

(Id10161\_unit) For how long did the difficulty breathing or breathlessness last? was answered with  Days .

[ Id10161\_1 ] [ Age group: C\_A ]

**(Id10161\_1) [Enter how long the difficult breathing or breathlessness lasted in days]:**

*Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.*

- Relevant when:

(Id10161\_unit) For how long did the difficulty breathing or breathlessness last? was answered with  Months .

[ Id10162 ] [ Age group: C\_A ]

**(Id10162) [Enter how long the difficult breathing or breathlessness lasted in months]:**

*Enter 1-60 months.*

- Relevant when:

(Id10161\_unit) For how long did the difficulty breathing or breathlessness last? was answered with  Years .

[ Id10163 ] [ Age group: C\_A ]

**(Id10163) [Enter how long the difficult breathing or breathlessness lasted in years]:**

*Enter number of years less than age at death.*

• Relevant when:

( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND  
(Id10159) Did s/he have any difficulty breathing or breathlessness? was answered with Yes.

[ Id10165 ] [ Age group: C\_A ]

**(Id10165) Was the difficulty in breathing continuous or on and off?**

Choose only one option:

<input type="radio"/>	Continuous
<input type="radio"/>	On and off
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is an Adult is True AND (Id10159) Did s/he have any difficulty breathing or breathlessness? was answered with Yes.

[ Id10170 ] [ Age group: A ]

**(Id10170) Was (s)he unable to carry out daily routines due to breathlessness?**

*A person with severe breathlessness will struggle to do daily routines, such as walking short distance or taking a bath, and will need assistance from someone.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is an Adult is True AND (Id10159) Did s/he have any difficulty breathing or breathlessness? was answered with Yes.

[ Id10171 ] [ Age group: A ]

**(Id10171) Was (s)he breathless while lying flat?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10166 ] [ Age group: ALL ]

**(Id10166) Did (s)he have fast breathing?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10166) Did (s)he have fast breathing? was answered with Yes AND ( The deceased person is a Child is True OR The deceased person is an Adult is True ).

[ Id10167\_units ] [ Age group: C\_A ]

**(Id10167\_units) How long did the fast breathing last?**

If the respondent is unable to answer, prompt: Did the difficulty breathing last for less than 2 weeks (interviewer to enter 13 days), or for at least 2 weeks (interviewer to enter 15 days)?

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10167\_units) How long did the fast breathing last? was answered with Days.

[ Id10167\_b ] [ Age group: C\_A ]

**(Id10167\_b) [Enter how long the fast breathing lasted in days]:**

Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.

• Relevant when:

(Id10167\_units) How long did the fast breathing last? was answered with Months.

[ Id10167\_c ] [ Age group: C\_A ]

**(Id10167\_c) [Enter how long the fast breathing lasted in months]:**

Enter 1-60 months.

• Relevant when:

The deceased person is an Adult is True.

[ Id10173\_a ] [ Age group: A ]

**(Id10173\_a) Did (s)he have wheezing?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer



• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10174 ] [ Age group: C\_A ]

**(Id10174) Did (s)he have chest pain?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is an Adult is True AND (Id10174) Did (s)he have chest pain? was answered with Yes.

[ Id10175 ] [ Age group: A ]

**(Id10175) Was the chest pain severe?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND (Id10174) Did (s)he have chest pain? was answered with Yes.

[ Id10176 ] [ Age group: C\_A ]

**(Id10176) How many days before death did (s)he have chest pain?**

*If the respondent is unable to answer, prompt: Did s(h)e have chest pain for less than 3 days before death (interviewer to enter 2 days), or for at least more than 3 days before death (interviewer to enter 4 days)? Less than 1 day or 24 hours = 0 days; 1 week = 7 days. For don't know, enter "99." For refused, enter "88."*

• Relevant when:

(Id10174) Did (s)he have chest pain? was answered with Yes.

[ Age group: C\_A ]

**Duration of the chest pain**

- Relevant when:

The deceased person is a Child is ☐ True ☒ OR The deceased person is an Adult is ☐ True.

[ Id10178\_unit ] [ Age group: C\_A ]

**(Id10178\_unit) How long did the chest pain last?**

Round up the response given by the respondent as needed (e.g. if chest pain lasted for 2 hours 30 mins; enter 3 hours).

If the respondent is unable to answer, prompt: Did the chest pain last for less than 1 hour (interviewer to enter 0 hours), 1 to 4 hours (interviewer to enter 4 hours), 5 to 23 hours (interviewer to enter 23 hours).

Choose only one option:

<input type="radio"/>	Hours
<input type="radio"/>	Days
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

(Id10178\_unit) How long did the chest pain last? was answered with .

[ Id10179 ] [ Age group: C\_A ]

**(Id10179) [Enter how long the chest pain lasted in hours]:**

Enter 0-23 hours.

- Relevant when:

(Id10178\_unit) How long did the chest pain last? was answered with .

[ Id10179\_1 ] [ Age group: C\_A ]

**(Id10179\_1) [Enter how long the chest pain lasted in days]:**

Enter 0-30 days. 1 week = 7 days.

[ Id10181 ] [ Age group: ALL ]

**(Id10181) Did (s)he have diarrhoea?**

Ask the respondent about his/her understanding of what is diarrhoea (having more frequent loose or liquid stools than usual); if unclear, explain to the respondent what is diarrhoea . Diarrhoea means having more frequent loose or liquid stools than usual.

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( ☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True ) AND ☐ (Id10181) Did (s)he have diarrhoea? was answered with ☐ Yes .

[ Id10182\_units ] [ Age group: C\_A ]

**(Id10182\_units) How long did (s)he have diarrhoea?**

*If the respondent is unable to answer, prompt: Did the diarrhoea last for less than 2 weeks (interviewer to enter 13 days); between two to four weeks (interviewer to enter 15 days); or for more than 4 weeks (interviewer to enter 29 days)?*

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

☐ (Id10182\_units) How long did (s)he have diarrhoea? was answered with ☐ Days .

[ Id10182\_a ] [ Age group: C\_A ]

**(Id10182\_a) [Enter how long (s)he have diarrhoea in days]:**

*Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.*

• Relevant when:

☐ (Id10182\_units) How long did (s)he have diarrhoea? was answered with ☐ Months .

[ Id10182\_b ] [ Age group: C\_A ]

**(Id10182\_b) [Enter how long (s)he have diarrhoea in months]:**

*Enter 1-60 months.*

[ Id10186 ] [ Age group: ALL ]

**(Id10186) At any time during the final illness was there blood in the stools?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10188 ] [ Age group: ALL ]

**(Id10188) Did (s)he vomit?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10188) Did (s)he vomit? was answered with Yes AND The deceased person is an Adult is True.

[ Id10190\_units ] [ Age group: A ]

**(Id10190\_units) For how long did (s)he vomit?**

If the respondent is unable to answer, prompt: Did s(h)e vomit for less than 3 days (interviewer to enter 2 days), or for more than 3 days (interviewer to enter 4 days)? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10190\_units) For how long did (s)he vomit? was answered with Days.

[ Id10190\_a ] [ Age group: A ]

**(Id10190\_a) [Enter how long before death(s)he vomited in days]:**

Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.

• Relevant when:

(Id10190\_units) For how long did (s)he vomit? was answered with Months.

[ Id10190\_b ] [ Age group: A ]

**(Id10190\_b) [Enter how long before death(s)he vomited in months]:**

Enter 1-60 months.

• Relevant when:

Age in days is less than 7 AND The deceased person is a Neonate is True AND (Id10188) Did (s)he vomit? was answered with Yes.

[ Id10189 ] [ Age group: ALL ]

**(Id10189) Did (s)he vomit in the week preceding the death?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10188) Did (s)he vomit? was answered with Yes.

[ Id10189\_1 ] [ Age group: ALL ]

**(Id10189\_1) Did s/he vomit every time s/he ate and/or drank?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND  
( (Id10188) Did (s)he vomit? was answered with Yes OR (Id10189) Did (s)he vomit in the week  
preceding the death? was answered with Yes )

[ Id10192 ] [ Age group: C\_A ]

**(Id10192) Was the vomit black?**

*In some instances, there could be minor bleeding into the stomach that accumulates over some time before triggering vomiting. In these cases, the content of the vomit does not appear as bright red - as the blood gets mixed with other stomach contents, it changes colour to a blackish, semisolid substance - that may look like coffee grounds.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10194 ] [ Age group: C\_A ]

**(Id10194) Did (s)he have abdominal pain?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND  
(Id10194) Did (s)he have abdominal pain? was answered with Yes .

[ Id10195 ] [ Age group: C\_A ]

**(Id10195) Was the abdominal pain severe?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND  
(Id10194) Did (s)he have abdominal pain? was answered with Yes .

[ Age group: C\_A ]

## Abdominal pain

[ id10196\_unit ] [ Age group: C\_A ]

**(id10196\_unit) For how long did (s)he have abdominal pain?**

*If the respondent is unable to answer, prompt: Did the abdominal pain last for less than 2 weeks (interviewer to enter 13 days), or for at least 2 weeks (interviewer to enter 15 days)? Enter 1 unit only: 0-23 hours, 1-30 days, or 1-60 months. 1 week = 7 days.*

Choose only one option:

<input type="radio"/>	Hours
<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(id10196\_unit) For how long did (s)he have abdominal pain? was answered with Hours .

[ Id10196 ] [ Age group: C\_A ]

**(Id10196) [Enter how long (s)he had abdominal pain in hours]:**

*Enter 1-23 hours.*

• Relevant when:

(id10196\_unit) For how long did (s)he have abdominal pain? was answered with Days .

[ Id10197\_a ] [ Age group: C\_A ]

**(Id10197\_a) [Enter how long (s)he had abdominal pain in days]:**

*Enter 0-30 days. 1 week = 7 days.*

• Relevant when:

(id10196\_unit) For how long did (s)he have abdominal pain? was answered with Months .

[ Id10198 ] [ Age group: C\_A ]

**(Id10198) [Enter how long (s)he had abdominal pain in months]:**

*Enter 1-60 months.*

• Relevant when:

( ( The deceased person is a Child is True AND (Id10195) Was the abdominal pain severe? was answered with Yes ) OR ( The deceased person is an Adult is True AND (Id10194) Did (s)he have abdominal pain? was answered with Yes ) ).

[ Id10199 ] [ Age group: C\_A ]

**(Id10199) Where was the location of the abdominal pain?**

Choose one or more options:

<input type="checkbox"/>	Upper right abdomen
<input type="checkbox"/>	Upper left abdomen
<input type="checkbox"/>	Lower right abdomen
<input type="checkbox"/>	Lower left abdomen
<input type="checkbox"/>	All over the abdomen
<input type="checkbox"/>	Doesn't know
<input type="checkbox"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True .

[ Id10200 ] [ Age group: C\_A ]

**(Id10200) Did (s)he have a more than usually protruding abdomen?**

*A more than usual protruding abdomen presents as an expansion of the whole abdomen. A protruding abdomen is different from an abdominal mass that shows as a localised enlargement in the abdomen.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( ☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True ) AND  
(Id10200) Did (s)he have a more than usually protruding abdomen? was answered with ☐ Yes.

[ Id10201\_unit ] [ Age group: C\_A ]

**(Id10201\_unit) For how long before death did (s)he have a more than usually protruding abdomen?**

*If the respondent is unable to answer, prompt: Did s(h)e have a more than usual protruding abdomen for less than 2 weeks (interviewer to enter 13 days), or for at least 2 weeks (interviewer to enter 15 days)? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.*

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10201\_unit) For how long before death did (s)he have a more than usually protruding abdomen? was answered with ☐ Days.

[ Id10201\_a ] [ Age group: C\_A ]

**(Id10201\_a) [Enter how long before death (s)he had a more than usually protruding abdomen in days]:**

*Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.*

• Relevant when:

(Id10201\_unit) For how long before death did (s)he have a more than usually protruding abdomen? was answered with ☐ Months.

[ Id10202 ] [ Age group: C\_A ]

**(Id10202) [Enter how long before death (s)he had a more than usually protruding abdomen in months]:**

*Enter 1-60 months.*

• Relevant when:

( ☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True ) AND  
(Id10200) Did (s)he have a more than usually protruding abdomen? was answered with ☐ Yes.

[ Id10203 ] [ Age group: C\_A ]

**(Id10203) How rapidly did (s)he develop the protruding abdomen?**

Choose only one option:

<input type="radio"/>	Rapidly
<input type="radio"/>	Slowly
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer



• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10204 ] [ Age group: C\_A ]

**(Id10204) Did (s)he have any mass in the abdomen?**

*Abdominal mass is a localized swelling or enlargement in one area of the abdomen.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND  
(Id10204) Did (s)he have any mass in the abdomen? was answered with Yes.

[ Id10205\_unit ] [ Age group: C\_A ]

**(Id10205\_unit) For how long did (s)he have a mass in the abdomen?**

*If the respondent is unable to answer, prompt: Did s(h)e have a mass in the abdomen for less than 2 weeks (interviewer to enter 13 days), or for at least 2 weeks (interviewer to enter 15 days)? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.*

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10205\_unit) For how long did (s)he have a mass in the abdomen? was answered with Days.

[ Id10205\_a ] [ Age group: C\_A ]

**(Id10205\_a) [Enter how long (s)he had a mass in the abdomen in days]:**

*Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.*

• Relevant when:

(Id10205\_unit) For how long did (s)he have a mass in the abdomen? was answered with Months.

[ Id10206 ] [ Age group: C\_A ]

**(Id10206) [Enter how long (s)he had a mass in the abdomen in months]:**

*Enter 1-60 months.*

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10207 ] [ Age group: C\_A ]

**(Id10207) Did (s)he have a severe headache?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10208 ] [ Age group: C\_A ]

**(Id10208) Did s/he have a stiff or painful neck?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND  
(Id10208) Did s/he have a stiff or painful neck? was answered with Yes.

[ Id10209\_units ] [ Age group: C\_A ]

**(Id10209\_units) How long before death did s/he have a stiff or painful neck?**

If the respondent is unable to answer, prompt: Did s/he have a stiff or painful neck for less than 1 week (interviewer to enter 6 days), or for at least 1 week (interviewer to enter 8 days)? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10209\_units) How long before death did s/he have a stiff or painful neck? was answered with Days.

[ Id10209\_a ] [ Age group: C\_A ]

**(Id10209\_a) [Enter how long before death did (s)he have stiff or painful neck in days]:**

Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.

- Relevant when:

(Id10209\_units) How long before death did s/he have a stiff or painful neck? was answered with Months .

[ Id10209\_b ] [ Age group: C\_A ]

**(Id10209\_b) [Enter how long before death did (s)he have stiff or painful neck in months]:**

Enter 1-60 months.

- Relevant when:

The deceased person is an Adult is True .

[ Id10212 ] [ Age group: A ]

**(Id10212) Did (s)he have mental confusion?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

The deceased person is an Adult is True AND (Id10212) Did (s)he have mental confusion? was answered with Yes .

[ Id10213\_units ] [ Age group: A ]

**(Id10213\_units) How long did (s)he have mental confusion?**

If the respondent is unable to answer, prompt: Did the mental confusion last for less than 3 months (interviewer to enter 2 months), or for at least 3 months (interviewer to enter 4 months)? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

(Id10213\_units) How long did (s)he have mental confusion? was answered with Days .

[ Id10213\_a ] [ Age group: A ]

**(Id10213\_a) [Enter how long (s)he had mental confusion in days]:**

Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.

- Relevant when:

(Id10213\_units) How long did (s)he have mental confusion? was answered with Months .

[ Id10213\_b ] [ Age group: A ]

**(Id10213\_b) [Enter how long (s)he had mental confusion in months]:**

Enter 1-60 months.

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10214 ] [ Age group: C\_A ]

**(Id10214) Was (s)he unconscious?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND  
(Id10214) Was (s)he unconscious? was answered with Yes.

[ Id10216\_units ] [ Age group: C\_A ]

**(Id10216\_units) How long before death did unconsciousness start?**

If the respondent is unable to answer, prompt: Did the unconsciousness start less than 6 hours before death (interviewer to enter 5 hours), did it start between 6 and 23 hours (interviewer to enter 23 hours); or did it start at least 24 hours before death (interviewer to enter 1 day)? Enter 1 unit only: 0-23 hours or 1-99 days. 1 week = 7 days.

Choose only one option:

<input type="radio"/>	Hours
<input type="radio"/>	Days
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10216\_units) How long before death did unconsciousness start? was answered with Hours.

[ Id10216\_a ] [ Age group: C\_A ]

**(Id10216\_a) [Enter how long before death unconsciousness started in hours]?**

The question needs input in hours but the respondent may not know exactly and so it may be easier to ask 'how long' and then convert the duration in hours. (Less than 1 hour = "0").

• Relevant when:

(Id10216\_units) How long before death did unconsciousness start? was answered with Days.

[ Id10216\_b ] [ Age group: C\_A ]

**(Id10216\_b) [Enter how long before death unconsciousness started in days]?**

If more than 99, enter 99.

• Relevant when:

( ☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True ) ☐ AND ☐ (Id10214) Was (s)he unconscious? was answered with ☐ Yes .

[ Id10217 ] [ Age group: C\_A ]

**(Id10217) Did the unconsciousness start suddenly, quickly (at least within a single day)?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True .

[ Id10220 ] [ Age group: C\_A ]

**(Id10220) Did (s)he experience any generalized convulsions?**

*Convulsions are rapid twitching or jerking movements of the whole body (i.e. both arms and both legs), which frequently subside with the loss of consciousness. The common term for convulsions is fits, and there is often a local term for such movements.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

☐ (Id10220) Did (s)he experience any generalized convulsions? was answered with ☐ Yes .

[ Id10222 ] [ Age group: C\_A ]

**(Id10222) Did (s)he become unconscious immediately after the convulsion?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

[ The deceased person is a Child ] is [ True ] [ OR ] [ The deceased person is an Adult ] is [ True ].

[ Id10223 ] [ Age group: C\_A ]

**(Id10223) Did (s)he have any urine problems?**

*Urine problems can include pain or difficulty in passing urine, passing blood in the urine or unable to urinate.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

[ ( [ The deceased person is a Child ] is [ True ] [ OR ] [ The deceased person is an Adult ] is [ True ] ) ] [ AND ] [ (Id10223) Did (s)he have any urine problems? ] was answered with [ Yes ].

[ Id10226 ] [ Age group: C\_A ]

**(Id10226) During the final illness did (s)he ever pass blood in the urine?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

[ ( [ The deceased person is a Child ] is [ True ] [ OR ] [ The deceased person is an Adult ] is [ True ] ) ] [ AND ] [ (Id10223) Did (s)he have any urine problems? ] was answered with [ Yes ].

[ Id10224 ] [ Age group: C\_A ]

**(Id10224) Did (s)he stop urinating?**

*This means that the deceased stopped urinating and did not urinate again in the 24 hours (or more) before death.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10230 ] [ Age group: C\_A ]

**(Id10230) Did (s)he have an ulcer on the foot?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND  
(Id10230) Did (s)he have an ulcer on the foot? was answered with Yes.

[ Id10231 ] [ Age group: C\_A ]

**(Id10231) Did the ulcer on the foot have pus?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND  
(Id10231) Did the ulcer on the foot have pus? was answered with Yes.

[ Id10232\_units ] [ Age group: C\_A ]

**(Id10232\_units) How long did the ulcer on the foot have pus?**

*If the respondent is unable to answer, prompt: Did the ulcer on the foot have pus for less than 2 weeks (interviewer to enter 13 days), or for at least 2 weeks (interviewer to enter 15 days)?*

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10232\_units) How long did the ulcer on the foot have pus? was answered with Days.

[ Id10232\_a ] [ Age group: C\_A ]

**(Id10232\_a) [Enter how long the ulcer on the foot had pus in days]:**

*Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.*

- Relevant when:

(Id10232\_units) How long did the ulcer on the foot have pus? was answered with Months .

[ Id10232\_b ] [ Age group: C\_A ]

**(Id10232\_b) [Enter how long the ulcer on the foot had pus in months]:**

Enter 1-60 months.

- Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True .

[ Id10227 ] [ Age group: C\_A ]

**(Id10227) Did (s)he have ulcers or sores anywhere else on the body?**

Ulcers and sores refer to breaking of the skin or mucous membranes that are slow to heal or keep returning.

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

( The deceased person is an Adult is True OR The deceased person is a Child is True ) AND

(Id10227) Did (s)he have ulcers or sores anywhere else on the body? was answered with Yes .

[ Id10229 ] [ Age group: C\_A ]

**(Id10229) Did the ulcers or sores have pus?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10233 ] [ Age group: ALL ]

**(Id10233) Did (s)he have any skin rash?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer



• Relevant when:

( ☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True ) AND  
(Id10233) Did (s)he have any skin rash? was answered with ☐ Yes.

[ Id10234 ] [ Age group: C\_A ]

**(Id10234) For how many days did (s)he have the skin rash?**

*If the respondent is unable to answer, prompt: Did the skin rash last for less than 1 week (interviewer to enter 6 days), or for at least 1 week (interviewer to enter 8 days)? . Less than 1 day or 24 hours = 0 days; 1 week=7 days; 1 month=30 days. Enter "99" for "don't know." Enter "88" for "refuse."*

• Relevant when:

( ☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True ) AND  
(Id10233) Did (s)he have any skin rash? was answered with ☐ Yes.

[ Id10235 ] [ Age group: C\_A ]

**(Id10235) Where was the rash?**

Choose one or more options:

<input type="checkbox"/>	Face
<input type="checkbox"/>	Trunk or abdomen
<input type="checkbox"/>	Extremities
<input type="checkbox"/>	Everywhere
<input type="checkbox"/>	Doesn't know
<input type="checkbox"/>	Refused to answer

• Relevant when:

( ☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True ) AND  
(Id10233) Did (s)he have any skin rash? was answered with ☐ Yes.

[ Id10236 ] [ Age group: C\_A ]

**(Id10236) Did (s)he have measles rash?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

☐ The deceased person is an Adult is ☐ True.

[ Id10237 ] [ Age group: A ]

**(Id10237) Did (s)he ever have shingles or herpes zoster?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10238 ] [ Age group: C\_A ]

**(Id10238) Did her/his skin flake off in patches?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10242 ] [ Age group: C\_A ]

**(Id10242) Did (s)he bleed from the nose, mouth or anus?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10243 ] [ Age group: C\_A ]

**(Id10243) Did (s)he have noticeable weight loss?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10244 ] [ Age group: C\_A ]

**(Id10244) Was (s)he severely thin or wasted?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10245 ] [ Age group: C\_A ]

**(Id10245) Did s/he have a whitish rash inside the mouth or on the tongue?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10246 ] [ Age group: C\_A ]

**(Id10246) Did (s)he have stiffness of the whole body or was unable to open the mouth?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10247 ] [ Age group: C\_A ]

**(Id10247) Did (s)he have puffiness of the face?**

*Clarify with the respondent that puffiness of the face can include puffiness of the eyes only.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( ☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True ) ☐ AND  
(Id10247) Did (s)he have puffiness of the face? was answered with ☐ Yes.

[ Id10248\_units ] [ Age group: C\_A ]

**(Id10248\_units) How long did (s)he have puffiness of the face?**

*If the respondent is unable to answer, prompt: Did the puffiness of the face last for less than 1 week (interviewer to enter 6 days), or for at least 1 week (interviewer to enter 8 days)? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.*

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10248\_units) How long did (s)he have puffiness of the face? was answered with ☐ Days.

[ Id10248\_a ] [ Age group: C\_A ]

**(Id10248\_a) [Enter how long (s)he had puffiness of the face in days]:**

*Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.*

• Relevant when:

(Id10248\_units) How long did (s)he have puffiness of the face? was answered with ☐ Months.

[ Id10248\_b ] [ Age group: C\_A ]

**(Id10248\_b) [Enter how long (s)he had puffiness of the face in months]:**

*Enter 1-60 months.*

• Relevant when:

☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True.

[ Id10249 ] [ Age group: C\_A ]

**(Id10249) Did (s)he have swollen legs or feet?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( ☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True ) ☐ AND

(Id10249) Did (s)he have swollen legs or feet? was answered with ☐ Yes .

[ Id10250\_units ] [ Age group: C\_A ]

**(Id10250\_units) How long did the swelling last?**

If the respondent is unable to answer, prompt: Did the swelling last for less than 3 days (interviewer to enter 2 days), or for more than 3 days (interviewer to enter 4 days)? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10250\_units) How long did the swelling last? was answered with ☐ Days .

[ Id10250\_a ] [ Age group: C\_A ]

**(Id10250\_a) [Enter how long the swelling lasted in days]:**

Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.

• Relevant when:

(Id10250\_units) How long did the swelling last? was answered with ☐ Months .

[ Id10250\_b ] [ Age group: C\_A ]

**(Id10250\_b) [Enter how long the swelling lasted in months]:**

Enter 1-60 months.

• Relevant when:

( ☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True ) ☐ AND

(Id10249) Did (s)he have swollen legs or feet? was answered with ☐ Yes .

[ Id10251 ] [ Age group: C\_A ]

**(Id10251) Did (s)he have both feet swollen?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10252 ] [ Age group: C\_A ]

**(Id10252) Did (s)he have general swelling of the body?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is an Adult is True.

[ Id10254 ] [ Age group: A ]

**(Id10254) Did (s)he have any lumps or sores in the mouth?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is an Adult is True.

[ Id10253 ] [ Age group: A ]

**(Id10253) Did (s)he have lumps anywhere else on the body?**

*Lumps can be in the neck, armpit, groin or other areas of the body.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR ( The deceased person is an Adult is True AND

(Id10253) Did (s)he have lumps anywhere else on the body? was answered with Yes ).

[ Id10255 ] [ Age group: C\_A ]

**(Id10255) Did (s)he have any lumps on the neck?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR ( The deceased person is an Adult is True AND  
(Id10253) Did (s)he have lumps anywhere else on the body? was answered with Yes ).

[ Id10256 ] [ Age group: C\_A ]

**(Id10256) Did (s)he have any lumps on the armpit?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR ( The deceased person is an Adult is True AND  
(Id10253) Did (s)he have lumps anywhere else on the body? was answered with Yes ).

[ Id10257 ] [ Age group: C\_A ]

**(Id10257) Did (s)he have any lumps on the groin?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10258 ] [ Age group: C\_A ]

**(Id10258) Was (s)he in any way paralysed?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND  
(Id10258) Was (s)he in any way paralysed? was answered with Yes.

[ Id10259 ] [ Age group: C\_A ]

**(Id10259) Did (s)he have paralysis of only one side of the body?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND  
( (Id10259) Did (s)he have paralysis of only one side of the body? was answered with No OR  
(Id10259) Did (s)he have paralysis of only one side of the body? was answered with Refused to answer  
OR (Id10259) Did (s)he have paralysis of only one side of the body? was answered with Doesn't  
know ) ).

[ Id10260 ] [ Age group: C\_A ]

**(Id10260) Did she have paralysis of both legs?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True .

[ Id10261 ] [ Age group: C\_A ]

**(Id10261) Was there difficulty or pain in swallowing?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( The deceased person is a Child is True OR The deceased person is an Adult is True ) AND  
(Id10261) Was there difficulty or pain in swallowing? was answered with Yes .

[ Id10262\_units ] [ Age group: C\_A ]

**(Id10262\_units) For how long did (s)he have difficulty or pain in swallowing?**

*If the respondent is unable to answer, prompt: Did the difficulty or pain in swallowing last for less than 1 week (interviewer to enter 6 days), or for at least 1 week (interviewer to enter 8 days)?*

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Weeks
<input type="radio"/>	Months
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer



• Relevant when:

(Id10262\_units) For how long did (s)he have difficulty or pain in swallowing? was answered with Days .

[ Id10262\_a ] [ Age group: C\_A ]

**(Id10262\_a) [Enter how long before death (s)he had difficulty or pain in swallowing in days]:**

Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.

• Relevant when:

(Id10262\_units) For how long did (s)he have difficulty or pain in swallowing? was answered with Months .

[ Id10262\_b ] [ Age group: C\_A ]

**(Id10262\_b) [Enter how long before death (s)he had difficulty or pain in swallowing in months]:**

Enter 1-60 months.

• Relevant when:

( [ The deceased person is a Child is True OR The deceased person is an Adult is True ] AND

(Id10261) Was there difficulty or pain in swallowing? was answered with Yes .

[ Id10262\_c ] [ Age group: C\_A ]

**(Id10262\_c) Did swallowing become impossible?**

The question aims to know if it became impossible for the deceased to swallow any solid or liquid food.

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10265 ] [ Age group: ALL ]

**(Id10265) Did (s)he have yellow discoloration of the eyes?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( ☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True ) ☐ AND

(Id10265) Did (s)he have yellow discoloration of the eyes? was answered with ☐ Yes .

[ Id10266\_units ] [ Age group: C\_A ]

**(Id10266\_units) For how long did (s)he have the yellow discoloration?**

*If the respondent is unable to answer, prompt: Did the yellow discoloration last for less than 3 weeks (interviewer to enter 20 days), or for at least 3 weeks (interviewer to enter 22 days)? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.*

Choose only one option:

<input type="radio"/>	Days
<input type="radio"/>	Months
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10266\_units) For how long did (s)he have the yellow discoloration? was answered with ☐ Days .

[ Id10266\_a ] [ Age group: C\_A ]

**(Id10266\_a) [Enter how long (s)he had the yellow discoloration in days]:**

*Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.*

• Relevant when:

(Id10266\_units) For how long did (s)he have the yellow discoloration? was answered with ☐ Months .

[ Id10266\_b ] [ Age group: C\_A ]

**(Id10266\_b) [Enter how long (s)he had the yellow discoloration in months]:**

*Enter 1-60 months.*

• Relevant when:

☐ The deceased person is a Child is ☐ True ☐ OR ☐ The deceased person is an Adult is ☐ True .

[ Id10267 ] [ Age group: C\_A ]

**(Id10267) Did her/his hair change in color to a reddish or yellowish color?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

The deceased person is a Child is True OR The deceased person is an Adult is True.

[ Id10268 ] [ Age group: C\_A ]

**(Id10268) Did (s)he look pale or have pale palms, eyes or nail beds?**

Long term deficiency of the blood results in a pale, whitish appearance of the lips, tongue, and eye sac. Sometime it is referred to as thinning or lack of blood, or pallor.

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

The deceased person is an Adult is True.

[ Id10485 ] [ Age group: A ]

**(Id10485) Did s(h)e suffer from extreme fatigue?**

Probe whether the deceased felt so tired that (s)he found it hard to get out the bed and do the routine things like taking a shower or changing clothes

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

The deceased person is an Adult is True.

[ Id10486 ] [ Age group: A ]

**(Id10486) Did (s)he experience a new loss, change or decreased sense of smell or taste?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

The deceased person is an Adult is True AND ( (Id10019) What was the sex of the deceased? was answered with Female OR (Id10019) What was the sex of the deceased? was answered with Ambiguous/Intersex ).

[ Age group: A ]

**Signs and symptoms associated with pregnancy and women**

- Relevant when:

(Id10077\_a) How long after the injury or accident did s/he die? was NOT answered with less or equal to 7 days .

[ Id10294 ] [ Age group: A ]

**(Id10294) Did she have any lump(s) and/or ulcer(s) in the breast?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

(Id10077\_a) How long after the injury or accident did s/he die? was NOT answered with less or equal to 7 days .

[ Id10296 ] [ Age group: A ]

**(Id10296) Did she ever have a period or menstruate?**

*If the answer is "NO", please ensure that there was no chance the deceased had recently been pregnant.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

( (Id10296) Did she ever have a period or menstruate? was answered with Yes OR (Id10296) Did she ever have a period or menstruate? was answered with Refused to answer OR (Id10296) Did she ever have a period or menstruate? was answered with Doesn't know ) AND Age in Years is greater than 39.

[ Id10299 ] [ Age group: A ]

**(Id10299) Did her menstrual period stop naturally because of menopause?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10299) Did her menstrual period stop naturally because of menopause? was answered with Yes.

[ Id10300 ] [ Age group: A ]

**(Id10300) Did she have vaginal bleeding after cessation of menstruation?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10077\_a) How long after the injury or accident did s/he die? was NOT answered with less or equal to 7 days.

[ Id10301 ] [ Age group: A ]

**(Id10301) Was there excessive vaginal bleeding in the week prior to death?**

*Important is the excessive quantity of blood*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10299) Did her menstrual period stop naturally because of menopause? was NOT answered with Yes

AND ( (Id10296) Did she ever have a period or menstruate? was answered with Yes OR

(Id10296) Did she ever have a period or menstruate? was answered with Refused to answer OR

(Id10296) Did she ever have a period or menstruate? was answered with Doesn't know ) .

[ Id10302 ] [ Age group: A ]

**(Id10302) At the time of death was her period overdue?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10302) At the time of death was her period overdue? was answered with Yes.

[ Id10303 ] [ Age group: A ]

**(Id10303) For how many weeks had her period been overdue?**

*If the respondent is unable to answer, prompt: Was the period overdue for less than 4 weeks (interviewer to enter 3 weeks) or for at least 4 weeks (interviewer to enter 5 weeks)?. Less than 1 week=0. 7 days=1 week. Enter "99" for "don't know." Enter "88" for "refuse."*

• Relevant when:

(Id10299) Did her menstrual period stop naturally because of menopause? was answered with Doesn't know

OR (Id10299) Did her menstrual period stop naturally because of menopause? was answered with No

OR (Id10299) Did her menstrual period stop naturally because of menopause? was answered with Refused to answer

OR ( (Id10299) Did her menstrual period stop naturally because of menopause? was answered with Yes AND Age in Years is less than 50 ) OR (Id10077\_a) How long after the injury or accident did s/he die? was answered with less or equal to 7 days OR (Id10296) Did she ever have a period or menstruate? was answered with No OR ( (Id10296) Did she ever have a period or menstruate? was answered with Yes AND Age in Years is less than 40 ).

[ Id10305 ] [ Age group: A ]

**(Id10305) Was she pregnant and not yet in labour at the time of death?**

A "Yes" response to this question means a foetus or baby remained in the mother's body after she died. If she was already in labour or actively aborting - please answer "NO" to Id10305.

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10305) Was she pregnant and not yet in labour at the time of death? was answered with Doesn't know

OR (Id10305) Was she pregnant and not yet in labour at the time of death? was answered with No

OR (Id10305) Was she pregnant and not yet in labour at the time of death? was answered with Refused to answer.

[ Id10312 ] [ Age group: A ]

**(Id10312) Did she die during labour or delivery?**

A "Yes" response to this question excludes women dying during abortion or miscarriage.

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

(Id10312) Did she die during labour or delivery? was NOT answered with Yes AND (Id10305) Was she pregnant and not yet in labour at the time of death? was NOT answered with Yes AND not ( (Id10299) Did her menstrual period stop naturally because of menopause? was answered with Yes AND Age in Years is greater than 49 ).

[ Id10313 ] [ Age group: A ]

**(Id10313) Did she die after delivering a baby?**

*Note that a maternal death is relevant up to 1 year after delivering a baby.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

(Id10313) Did she die after delivering a baby? was answered with Yes.

[ Id10314 ] [ Age group: A ]

**(Id10314) Did she die within 24 hours after delivery?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

(Id10314) Did she die within 24 hours after delivery? was answered with No OR (Id10314) Did she die within 24 hours after delivery? was answered with Doesn't know OR (Id10314) Did she die within 24 hours after delivery? was answered with Refused to answer.

[ Id10306 ] [ Age group: A ]

**(Id10306) Did she die within 6 weeks after delivery?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10312) Did she die during labour or delivery? was NOT answered with Yes AND (Id10305) Was she pregnant and not yet in labour at the time of death? was NOT answered with Yes AND (Id10299) Did her menstrual period stop naturally because of menopause? was NOT answered with Yes AND Age in Years is greater than 49 ) AND not ( (Id10306) Did she die within 6 weeks after delivery? was answered with Yes AND (Id10313) Did she die after delivering a baby? was NOT answered with Yes.

[ Id10334 ] [ Age group: A ]

**(Id10334) Did she have a pregnancy that ended in an abortion or miscarriage within 6 weeks before her death?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10334) Did she have a pregnancy that ended in an abortion or miscarriage within 6 weeks before her death? was answered with Yes.

[ Id10333 ] [ Age group: A ]

**(Id10333) Did she attempt to terminate the pregnancy?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10312) Did she die during labour or delivery? was NOT answered with Yes AND (Id10305) Was she pregnant and not yet in labour at the time of death? was NOT answered with Yes AND (Id10299) Did her menstrual period stop naturally because of menopause? was NOT answered with Yes AND Age in Years is greater than 49 ) AND not ( (Id10306) Did she die within 6 weeks after delivery? was answered with Yes AND (Id10334) Did she have a pregnancy that ended in an abortion or miscarriage within 6 weeks before her death? was NOT answered with Yes AND (Id10314) Did she die within 24 hours after delivery? was NOT answered with Yes.

[ Id10308 ] [ Age group: A ]

**(Id10308) Did she die less than 1 year after delivery, abortion or miscarriage?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer



• Relevant when:

(Id10305) Was she pregnant and not yet in labour at the time of death? was NOT answered with Yes  
 AND (Id10312) Did she die during labour or delivery? was NOT answered with Yes AND  
 (Id10314) Did she die within 24 hours after delivery? was NOT answered with Yes AND (Id10306) Did she die within 6 weeks after delivery? was NOT answered with Yes AND (Id10334) Did she have a pregnancy that ended in an abortion or miscarriage within 6 weeks before her death? was NOT answered with Yes AND (Id10308) Did she die less than 1 year after delivery, abortion or miscarriage? was NOT answered with Yes.

[ Id10310 ] [ Age group: A ]

**[ Please confirm that in the 12 months prior to her death, the woman was not pregnant, she did not have a delivery and she also did not have an abortion or miscarriage.]**

*Note: If this was a maternal death, please go back to indicate the correct circumstances.*

Choose only one option:

<input type="radio"/>	I confirm this was not a maternal death
-----------------------	---

• Relevant when:

( ( ( (Id10314) Did she die within 24 hours after delivery? was answered with No OR (Id10314) Did she die within 24 hours after delivery? was answered with Refused to answer OR (Id10314) Did she die within 24 hours after delivery? was answered with Doesn't know ) AND (Id10306) Did she die within 6 weeks after delivery? was NOT answered with Yes AND (Id10308) Did she die less than 1 year after delivery, abortion or miscarriage? was NOT answered with Yes AND [ Please confirm that in the 12 months prior to her death, the woman was not pregnant, she did not have a delivery and she also did not have an abortion or miscarriage.] was NOT answered with I confirm this was not a maternal death ) OR ( (Id10308) Did she die less than 1 year after delivery, abortion or miscarriage? was answered with Yes AND (Id10313) Did she die after delivering a baby? was NOT answered with Yes ) ) AND (Id10077\_a) How long after the injury or accident did s/he die? was NOT answered with less or equal to 7 days.

[ Id10304 ] [ Age group: A ]

**(Id10304) Did she have a sharp abdominal pain in the first 3 months of pregnancy?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10304) Did she have a sharp abdominal pain in the first 3 months of pregnancy? was answered with Yes .

[ Id10304\_a ] [ Age group: A ]

**(Id10304\_a) Did she faint when she had the sharp abdominal pain?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

[ Please confirm that in the 12 months prior to her death, the woman was not pregnant, she did not have a delivery and she also did not have an abortion or miscarriage.] was NOT answered with I confirm this was not a maternal death AND (Id10077\_a) How long after the injury or accident did s/he die? was NOT answered with less or equal to 7 days .

[ Age group: A ]

## Questions about possible maternal deaths

[ Id10309 ] [ Age group: A ]

**(Id10309) For how many months was she pregnant?**

*If the respondent is unable to answer, prompt: Was she pregnant for less than 6 months (interviewer to enter 5 months) or for more than 6 months (interviewer to enter 7 months)?. For don't know, enter "99." For refused, enter "88."*

[ Id10317 ] [ Age group: A ]

**(Id10317) How many babies was she pregnant with?**

Choose only one option:

<input type="radio"/>	singleton
<input type="radio"/>	twins
<input type="radio"/>	triplets or more
<input type="radio"/>	Don't know
<input type="radio"/>	Refused to answer

[ Id10321 ] [ Age group: A ]

**(Id10321) During pregnancy, did she suffer from high blood pressure?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10322\_a ] [ Age group: A ]

**(Id10322\_a) Did she have foul smelling vaginal discharge during pregnancy?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10325 ] [ Age group: A ]

**(Id10325) Did bleeding occur while she was pregnant?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10309) For how many months was she pregnant? is greater than 5 AND (Id10325) Did bleeding occur while she was pregnant? was answered with Yes.

[ Id10327 ] [ Age group: A ]

**(Id10327) Was there vaginal bleeding during the last 3 months of pregnancy but before labour started?**

*The last 3 months of pregnancy refers to the 7th-9th months of a full term pregnancy.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10309) For how many months was she pregnant? is greater than 5.

[ Id10323 ] [ Age group: A ]

**(Id10323) Did she suffer from convulsions during the last 3 months of pregnancy and/or after delivery?**

*The last 3 months of pregnancy refers to the 7th-9th months of a full term pregnancy.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

(Id10309) For how many months was she pregnant? is greater than 5.

[ Id10324 ] [ Age group: A ]

**(Id10324) Did she have blurred vision during the last 3 months of pregnancy and/or after delivery?**

*The last 3 months of pregnancy refers to the 7th-9th months of a full term pregnancy.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

- Relevant when:

(Id10305) Was she pregnant and not yet in labour at the time of death? was NOT answered with Yes

AND (Id10334) Did she have a pregnancy that ended in an abortion or miscarriage within 6 weeks before her death? was NOT answered with Yes AND (Id10308) Did she die less than 1 year after delivery, abortion or miscarriage? was NOT answered with Yes AND ( (Id10313) Did she die after delivering a baby? was answered with No OR (Id10313) Did she die after delivering a baby? was answered with Doesn't know OR (Id10313) Did she die after delivering a baby? was answered with Refused to answer ).

[ Id10328 ] [ Age group: A ]

**(Id10328) Did she have excessive bleeding during labour or delivery?**

*Here the excessive quantity of blood DURING birth is what we ask for*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10305) Was she pregnant and not yet in labour at the time of death? was NOT answered with Yes  
 AND (Id10334) Did she have a pregnancy that ended in an abortion or miscarriage within 6 weeks before her death? was NOT answered with Yes AND (Id10308) Did she die less than 1 year after delivery, abortion or miscarriage? was NOT answered with Yes AND ( (Id10313) Did she die after delivering a baby? was answered with No OR (Id10313) Did she die after delivering a baby? was answered with Doesn't know OR (Id10313) Did she die after delivering a baby? was answered with Refused to answer ) AND (Id10312) Did she die during labour or delivery? was NOT answered with Yes.

[ Id10329\_a ] [ Age group: A ]

**(Id10329\_a) Did she have excessive bleeding after delivery?**

*Here the excessive quantity of blood AFTER birth is what we ask for*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10305) Was she pregnant and not yet in labour at the time of death? was NOT answered with Yes  
 AND (Id10312) Did she die during labour or delivery? was NOT answered with Yes AND  
 (Id10306) Did she die within 6 weeks after delivery? was NOT answered with Yes AND (Id10308) Did she die less than 1 year after delivery, abortion or miscarriage? was NOT answered with Yes AND  
 (Id10313) Did she die after delivering a baby? was answered with Yes AND ( (Id10334) Did she have a pregnancy that ended in an abortion or miscarriage within 6 weeks before her death? was answered with Yes OR ( (Id10308) Did she die less than 1 year after delivery, abortion or miscarriage? was answered with Yes AND ( (Id10313) Did she die after delivering a baby? was answered with No OR (Id10313) Did she die after delivering a baby? was answered with Doesn't know OR (Id10313) Did she die after delivering a baby? was answered with Refused to answer ) ) ).

[ Id10329\_b ] [ Age group: A ]

**(Id10329\_b) Did she have excessive bleeding during or after abortion or miscarriage?**

*Here the excessive quantity of blood AFTER abortion or misscarriage is what we ask for*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10305) Was she pregnant and not yet in labour at the time of death? was NOT answered with Yes  
 AND (Id10312) Did she die during labour or delivery? was NOT answered with Yes AND  
 (Id10313) Did she die after delivering a baby? was answered with Yes OR ( (Id10334) Did she  
 have a pregnancy that ended in an abortion or miscarriage within 6 weeks before her death? was answered  
 with Yes OR ( (Id10308) Did she die less than 1 year after delivery, abortion or miscarriage? was  
 answered with Yes AND ( (Id10313) Did she die after delivering a baby? was answered with No  
 OR (Id10313) Did she die after delivering a baby? was answered with Doesn't know OR  
 (Id10313) Did she die after delivering a baby? was answered with Refused to answer ) ) ).

[ Id10322\_b ] [ Age group: A ]

**(Id10322\_b) Did she have foul smelling vaginal discharge after delivery/abortion?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10305) Was she pregnant and not yet in labour at the time of death? was NOT answered with Yes  
 AND (Id10334) Did she have a pregnancy that ended in an abortion or miscarriage within 6 weeks before  
 her death? was NOT answered with Yes AND (Id10308) Did she die less than 1 year after delivery,  
 abortion or miscarriage? was NOT answered with Yes AND ( (Id10313) Did she die after  
 delivering a baby? was answered with No OR (Id10313) Did she die after delivering a baby? was  
 answered with Doesn't know OR (Id10313) Did she die after delivering a baby? was answered  
 with Refused to answer ).

[ Id10331 ] [ Age group: A ]

**(Id10331) Did she deliver or try to deliver an abnormally positioned baby?**

*Enquire the respondent about his/hers understanding of what is an abnormally positioned baby; if unclear or wrong, explain that it refers to babies' whose first body part exiting the vagina is not the head.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10305) Was she pregnant and not yet in labour at the time of death? was NOT answered with Yes  
AND (Id10334) Did she have a pregnancy that ended in an abortion or miscarriage within 6 weeks before her death? was NOT answered with Yes AND (Id10308) Did she die less than 1 year after delivery, abortion or miscarriage? was NOT answered with Yes AND (Id10313) Did she die after delivering a baby? was answered with No OR (Id10313) Did she die after delivering a baby? was answered with Doesn't know OR (Id10313) Did she die after delivering a baby? was answered with Refused to answer ).

[ Id10332 ] [ Age group: A ]

**(Id10332) For how many hours was she in labour?**

If the respondent is unable to answer, prompt: Was she in labour for less than 24 hours (interviewer to enter 23 hours), or for more than 24 hours (interviewer to enter 25 hours). Less than 60 minutes = 0 hours. 1 day=24 hours. Enter "99" for "don't know." Enter "88" for "refuse."

• Relevant when:

(Id10305) Was she pregnant and not yet in labour at the time of death? was NOT answered with Yes  
AND (Id10334) Did she have a pregnancy that ended in an abortion or miscarriage within 6 weeks before her death? was NOT answered with Yes AND (Id10308) Did she die less than 1 year after delivery, abortion or miscarriage? was NOT answered with Yes AND (Id10313) Did she die after delivering a baby? was answered with No OR (Id10313) Did she die after delivering a baby? was answered with Doesn't know OR (Id10313) Did she die after delivering a baby? was answered with Refused to answer ).

[ Age group: A ]

## How did the mother deliver her baby?

[ Id10342 ] [ Age group: A ]

**(Id10342) Was the delivery normal vaginal, without forceps or vacuum?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10342) Was the delivery normal vaginal, without forceps or vacuum? was answered with No

OR (Id10342) Was the delivery normal vaginal, without forceps or vacuum? was answered with Refused to answer OR (Id10342) Was the delivery normal vaginal, without forceps or vacuum? was answered with Doesn't know .

[ Id10343 ] [ Age group: A ]

**(Id10343) Was the delivery vaginal, with forceps or vacuum?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10342) Was the delivery normal vaginal, without forceps or vacuum? was NOT answered with Yes

AND ( (Id10343) Was the delivery vaginal, with forceps or vacuum? was answered with No  
OR (Id10343) Was the delivery vaginal, with forceps or vacuum? was answered with Doesn't know  
OR (Id10343) Was the delivery vaginal, with forceps or vacuum? was answered with Refused to answer ) .

[ Id10344 ] [ Age group: A ]

**(Id10344) Was the delivery a Caesarean section?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer



• Relevant when:

(Id10305) Was she pregnant and not yet in labour at the time of death? was NOT answered with Yes  
AND (Id10334) Did she have a pregnancy that ended in an abortion or miscarriage within 6 weeks before her death? was NOT answered with Yes AND (Id10308) Did she die less than 1 year after delivery, abortion or miscarriage? was NOT answered with Yes AND (Id10313) Did she die after delivering a baby? was answered with No OR (Id10313) Did she die after delivering a baby? was answered with Doesn't know OR (Id10313) Did she die after delivering a baby? was answered with Refused to answer ).

[ Id10330 ] [ Age group: A ]

**(Id10330) Was the placenta completely delivered?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10305) Was she pregnant and not yet in labour at the time of death? was NOT answered with Yes  
AND (Id10334) Did she have a pregnancy that ended in an abortion or miscarriage within 6 weeks before her death? was NOT answered with Yes AND (Id10308) Did she die less than 1 year after delivery, abortion or miscarriage? was NOT answered with Yes AND (Id10313) Did she die after delivering a baby? was answered with No OR (Id10313) Did she die after delivering a baby? was answered with Doesn't know OR (Id10313) Did she die after delivering a baby? was answered with Refused to answer ).

[ Id10337 ] [ Age group: A ]

**(Id10337) Where did she give birth?**

Choose only one option:

<input type="radio"/>	Hospital
<input type="radio"/>	Other health facility
<input type="radio"/>	Home
<input type="radio"/>	On route to hospital or facility
<input type="radio"/>	Other
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10319 ] [ Age group: A ]

**(Id10319) How many births, including stillbirths, did she/the mother have before this pregnancy?**

*For don't know, enter "99." For refused, enter "88."*

• Relevant when:

(Id10319) How many births, including stillbirths, did she/the mother have before this pregnancy? is greater than 0.

[ Id10320 ] [ Age group: A ]

**(Id10320) Had she had any previous Caesarean section?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( (Id10305) Was she pregnant and not yet in labour at the time of death? was NOT answered with Yes AND ( (Id10334) Did she have a pregnancy that ended in an abortion or miscarriage within 6 weeks before her death? was answered with Yes OR (Id10308) Did she die less than 1 year after delivery, abortion or miscarriage? was answered with Yes AND (Id10313) Did she die after delivering a baby? was answered with No OR (Id10313) Did she die after delivering a baby? was answered with Doesn't know OR (Id10313) Did she die after delivering a baby? was answered with Refused to answer ) ) ) OR (Id10299) Did her menstrual period stop naturally because of menopause? was answered with Yes ) AND not ( (Id10299) Did her menstrual period stop naturally because of menopause? was answered with No OR (Id10299) Did her menstrual period stop naturally because of menopause? was answered with Doesn't know OR (Id10299) Did her menstrual period stop naturally because of menopause? was answered with Refused to answer ) AND [ Please confirm that in the 12 months prior to her death, the woman was not pregnant, she did not have a delivery and she also did not have an abortion or miscarriage.] was answered with I confirm this was not a maternal death ) OR (Id10313) Did she die after delivering a baby? was answered with Yes OR (Id10312) Did she die during labour or delivery? was answered with Yes ) and (Id10077\_a) How long after the injury or accident did s/he die? was NOT answered with less or equal to 7 days .

[ Id10340 ] [ Age group: A ]

**(Id10340) Did she have an operation to remove her uterus shortly before death?**

*Question is relevant for cases of obstructured labour and ruptured uterus.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

The deceased person is an Adult is True AND (Id10077\_a) How long after the injury or accident did s/he die? was NOT answered with less or equal to 7 days.

[ Age group: A ]

## Risk factors

[ Id10411 ] [ Age group: A ]

**(Id10411) Did (s)he drink alcohol?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10413 ] [ Age group: A ]

**(Id10413) Did s/he ever smoke tobacco?**

*To clarify, the series inquires about tobacco consumption about any period during life (i.e. not only the current status before death).*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10413) Did s/he ever smoke tobacco? was answered with Yes.

[ Id10413\_a ] [ Age group: A ]

**(Id10413\_a) For how long did s/he smoke tobacco?**

*[ If deceased smoked for less than 1 month, enter 1 month as duration for the VA interview. ]*

Choose only one option:

<input type="radio"/>	Months
<input type="radio"/>	Years
<input type="radio"/>	Don't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10413\_a) For how long did s/he smoke tobacco? was answered with Months OR (Id10413\_a) For how long did s/he smoke tobacco? was answered with Years.

[ Id10413\_d ] [ Age group: A ]

**(Id10413\_d) How many (months/years)**

• Relevant when:

(Id10413) Did s/he ever smoke tobacco? was answered with Yes.

[ Id10413\_b ] [ Age group: A ]

**(Id10413\_b) Did s/he ever smoke daily?**

*The question intends to know if there was ever a period in the life of the deceased when (s)he was smoking daily - even if it was not continuous or if the deceased was not smoking in the period leading to death.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10414 ] [ Age group: A ]

**(Id10414) Did s/he ever chew and/or sniff tobacco?**

*To clarify, the series inquires about tobacco consumption about any period during life (i.e. not only the current status before death).*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10414) Did s/he ever chew and/or sniff tobacco? was answered with Yes.

[ Id10414\_a ] [ Age group: A ]

**(Id10414\_a) For how long did s/he chew and/or sniff tobacco?**

Choose only one option:

<input type="radio"/>	Months
<input type="radio"/>	Years
<input type="radio"/>	Don't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10414\_a) For how long did s/he chew and/or sniff tobacco? was answered with Months OR

(Id10414\_a) For how long did s/he chew and/or sniff tobacco? was answered with Years.

[ Id10414\_d ] [ Age group: A ]

**(Id10414\_d) How many (months/years)**

• Relevant when:

(Id10414) Did s/he ever chew and/or sniff tobacco? was answered with Yes.

[ Id10414\_b ] [ Age group: A ]

**(Id10414\_b) Did s/he ever chew and/or sniff tobacco daily?**

*The question intends to know if there was ever a period in the life of the deceased when (s)he was chewing and/or sniffing tobacco daily - even if it was not continuous or if the deceased was not chewing and/or sniffing in the period leading to death.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10114) If the baby didn't show any sign of life, was it born dead? was NOT answered with Yes AND

(Id10077\_a) How long after the injury or accident did s/he die? was NOT answered with less or equal to 7 days.

[ Age group: ALL ]

## Health service utilisation

[ Id10418 ] [ Age group: ALL ]

**(Id10418) Did (s)he receive any treatment for the illness that led to death?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10418) Did (s)he receive any treatment for the illness that led to death? was answered with Yes.

[ Id10419 ] [ Age group: ALL ]

**(Id10419) Did (s)he receive oral rehydration salts?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10418) Did (s)he receive any treatment for the illness that led to death? was answered with Yes.

[ Id10420 ] [ Age group: ALL ]

**(Id10420) Did (s)he receive (or need) intravenous fluids (drip) treatment?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10418) Did (s)he receive any treatment for the illness that led to death? was answered with Yes.

[ Id10421 ] [ Age group: ALL ]

**(Id10421) Did (s)he receive (or need) a blood transfusion?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10418) Did (s)he receive any treatment for the illness that led to death? was answered with Yes.

[ Id10422 ] [ Age group: ALL ]

**(Id10422) Did (s)he receive (or need) treatment/food through a tube passed through the nose?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10418) Did (s)he receive any treatment for the illness that led to death? was answered with Yes.

[ Id10423 ] [ Age group: ALL ]

**(Id10423) Did (s)he receive (or need) injectable antibiotics?**

*Injectable antibiotics exclude immunisations, vaccines and pain killers. Antibiotics are given against infection (i.e., germs).*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10418) Did (s)he receive any treatment for the illness that led to death? was answered with Yes.

[ Id10424 ] [ Age group: ALL ]

**(Id10424) Did (s)he receive (or need) antiretroviral therapy (ART)?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10418) Did (s)he receive any treatment for the illness that led to death? was answered with Yes.

[ Id10425 ] [ Age group: ALL ]

**(Id10425) Did (s)he have (or need) an operation for the illness?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

( (Id10418) Did (s)he receive any treatment for the illness that led to death? was answered with Yes AND The deceased person is a Neonate is True ) AND (Id10425) Did (s)he have (or need) an operation for the illness? was answered with Yes.

[ Id10426 ] [ Age group: C\_A ]

**(Id10426) Did (s)he have the operation within 1 month before death?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

[ Id10435 ] [ Age group: ALL ]

**(Id10435) Did a health care worker tell you the cause of death?**

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10435) Did a health care worker tell you the cause of death? was answered with Yes.

[ Id10436 ] [ Age group: ALL ]

(Id10436) What did the health care worker say?

[ Age group: ALL ]

## Civil registration numbers

[ botecrn ] [ Age group: ALL ]

**Civil registration:** "This refers to the legal death certificate obtained from the civil registration authorities (show image of local death certificate if available)."

[ Id10069\_a ] [ Age group: ALL ]

(Id10069\_a) Do you have a Death Certificate from the Civil Registry?

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No

• Relevant when:

(Id10069\_a) Do you have a Death Certificate from the Civil Registry? was answered with Yes.

[ Id10070 ] [ Age group: ALL ]

(Id10070) [Death registration number/certificate]

Enter a "-" if this information is not available.

• Relevant when:

(Id10069\_a) Do you have a Death Certificate from the Civil Registry? was answered with Yes.

[ Id10071\_check ] [ Age group: ALL ]

(Id10071\_check) [Is the date of registration available?]

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No

• Relevant when:

(Id10071\_check) [Is the date of registration available?] was answered with Yes.

[ Id10071 ] [ Age group: ALL ]

(Id10071) [Date of registration]

Date: \_\_ / \_\_ / \_\_\_\_ (DD/MM/YYYY)



• Relevant when:

(Id10069\_a) Do you have a Death Certificate from the Civil Registry? was answered with Yes.

[ Id10072 ] [ Age group: ALL ]

**(Id10072) [Place of registration]**

Enter a “-” if this information is not available.

• Relevant when:

(Id10069\_a) Do you have a Death Certificate from the Civil Registry? was answered with Yes.

[ Id10073 ] [ Age group: ALL ]

**(Id10073) [National identification number of deceased]**

Record the National Identification Number. For newborns that have no ID number, use the mother's ID. If the mother's ID is not available, use the father's ID. If this information is unknown or not available, enter “-”. Note whose ID was entered in the blank after the ID has been recorded.

[ Age group: ALL ]

## Medical certificate of cause of death

[ noteccd ] [ Age group: ALL ]

**Death certificate with cause of death: "This refers to the medical certificate of cause of death (show image of local medical certificate of cause of death if available)."**

[ Id10462 ] [ Age group: ALL ]

**(Id10462) Was a medical certificate of cause of death issued?**

The following information serves only to complete cause of death information in some environments. In routine CRVS this information could be skipped in the interview, and information be collected from other sources, if available.

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10462) Was a medical certificate of cause of death issued? was answered with Yes.

[ Id10463 ] [ Age group: ALL ]

**(Id10463) Can I see the medical certificate of cause of death?**

*This section aims to collect information from the international standard medical certificate of cause of death. This level of detail may or may not be present in the death certificate issued to the family. Record "no" if medical information about the cause of death is not available. The medical certificate of cause of death is commonly obtained from a physician at a hospital and should be distinguished from the Death Certificate which is issued by the civil registration organisation.*

Choose only one option:

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Doesn't know
<input type="radio"/>	Refused to answer

• Relevant when:

(Id10463) Can I see the medical certificate of cause of death? was answered with Yes.

[ Id10464 ] [ Age group: ALL ]

**(Id10464) [Record the immediate cause of death from the certificate (line 1a)]**

*If this detail is not present, record "-" (not available).*

• Relevant when:

(Id10463) Can I see the medical certificate of cause of death? was answered with Yes.

[ Id10465 ] [ Age group: ALL ]

**(Id10465) [Duration of the immediate cause of death (Ia):]**

*For all following lines, add duration, if stated. If this detail is not present, record "-" (not available).*

• Relevant when:

(Id10463) Can I see the medical certificate of cause of death? was answered with Yes.

[ Id10466 ] [ Age group: ALL ]

**(Id10466) [Record the first antecedent cause of death from the certificate (line 1b)]**

*An antecedent cause is the one that caused the one on the line above, e.g. diabetes mellitus may be an antecedent cause to kidney disease. If this detail is not present, record "-" (not available).*

• Relevant when:

(Id10463) Can I see the medical certificate of cause of death? was answered with Yes.

[ Id10467 ] [ Age group: ALL ]

**(Id10467) [Duration of the first antecedent cause of death (Ib):]**

*If this detail is not present, record "-" (not available).*

• Relevant when:

(Id10463) Can I see the medical certificate of cause of death? was answered with .

[ Id10468 ] [ Age group: ALL ]

**(Id10468) [Record the second antecedent cause of death from the certificate (line 1c)]**

*If this detail is not present, record "-" (not available).*

• Relevant when:

(Id10463) Can I see the medical certificate of cause of death? was answered with .

[ Id10469 ] [ Age group: ALL ]

**(Id10469) [Duration of second antecedent cause of death (1c):]**

*If this detail is not present, record "-" (not available).*

• Relevant when:

(Id10463) Can I see the medical certificate of cause of death? was answered with .

[ Id10470 ] [ Age group: ALL ]

**(Id10470) [Record the third antecedent cause of death from the certificate (line 1d)]**

*If this detail is not present, record "-" (not available).*

• Relevant when:

(Id10463) Can I see the medical certificate of cause of death? was answered with .

[ Id10471 ] [ Age group: ALL ]

**(Id10471) [Duration of third antecedent cause of death (Id):]**

*If this detail is not present, record "-" (not available).*

• Relevant when:

(Id10463) Can I see the medical certificate of cause of death? was answered with .

[ Id10472 ] [ Age group: ALL ]

**(Id10472) [Record the contributing cause(s) of death from the certificate (part 2)]**

*If this detail is not present, record "-" (not available).*

• Relevant when:

(Id10463) Can I see the medical certificate of cause of death? was answered with .

[ Id10473 ] [ Age group: ALL ]

**(Id10473) [Duration of the contributing cause(s) of death (part2):]**

*If this detail is not present, record "-" (not available).*

[ Id10481 ] [ Age group: ALL ]

**End time of the interview**

End time:

[ noteend ] [ Age group: ALL ]

**[ Inform the respondent that the VA interview has come to an end. Thank the respondent for their time and answers, and ask if the respondent has any question(s) or comment(s) to make. Use this section to record any additional details you and/or the respondent have about the interview. ]**

[ comment ] [ Age group: ALL ]

**(comment) Comment**

For training only