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:

○	Female
○	Male
○	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:

○	English
○	Language 2
○	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:

○	High
○	Low
○	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:

○	High
○	Low
○	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:

○	Wet
○	Dry
○	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:

○	Female
○	Male
○	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:

○	Parent
○	Child
○	Other family member
○	Friend
○	Spouse
○	Health worker
○	Public official
○	Another relationship
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	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

Information about the deceased and vital registration

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:

○	Female
○	Male
○	Ambiguous/Intersex

[Id10020] [Age group: ALL]
(Id10020) Is the date of birth known?

Choose only one option:

○	Yes
○	No
○	Refused to answer

• Relevant when:

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

[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:

○	Yes
○	No
○	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:

○	Neonate
○	Child
○	Adult

• Relevant when:

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

[age_child_unit] [Age group: C]
How old was the child? [Enter child's age in:]
Child age is between 28 days through 11 years. A response is required for this question. If the exact age is unknown, enter the best estimate.

Choose only one option:

○	Days
○	Months
○	Years

• Relevant when:

[How old was the child? [Enter child's age in:]] was answered with [Days].

[age_child_days] [Age group: C]
[Enter child's age in days:]

• Relevant when:

[How old was the child? [Enter child's age in:]] was answered with [Months].

[age_child_months] [Age group: C]
[Enter child's age in months:]

• Relevant when:

[How old was the child? [Enter child's age in:]] was answered with [Years].

[age_child_years] [Age group: C]
[Enter child's age in years:]

[Id10058] [Age group: ALL]
(Id10058) Where did the deceased die?

Choose only one option:

○	Hospital
○	Other health facility
○	Home
○	On route to hospital or facility
○	Other
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	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:

○	Citizen at birth
○	Naturalized citizen
○	Foreign national
○	Doesn't know
○	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 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:

○	No formal education
○	Primary school
○	Secondary school
○	Higher than secondary school
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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 probabaly true for most of the year preceding illness and death

Choose only one option:

○	Mainly unemployed
○	Mainly employed
○	Home-maker
○	Pensioner
○	Student
○	Other
○	Doesn't know
○	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?

- Relevant when:

(The deceased person is a Child is True OR The deceased person is a Neonate is True) AND (Id10051) [Is there a need to collect additional demographic data on the deceased?] was answered with Yes .

[Id10061] [Age group: N_C]

(Id10061) What was the full name of the father?

- Relevant when:

(The deceased person is a Child is True OR The deceased person is a Neonate is True) AND (Id10051) [Is there a need to collect additional demographic data on the deceased?] was answered with Yes .

[Id10062] [Age group: N_C]

(Id10062) What was the full name of the mother?

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 a Child is True .

[Id10478] [Age group: C]

(Id10478) [Select any of the following words that were mentioned as present in the narrative.]

Choose one or more options:

☐	Abdomen
☐	Cancer
☐	Dehydration
☐	Dengue fever
☐	Diarrhoea
☐	Fever
☐	Heart problems
☐	Jaundice (yellow skin or eyes)
☐	Pneumonia
☐	Rash
☐	None of the above words were mentioned
☐	Don't know

[notenarr] [Age group: ALL]

Some of the following questions may be repetetive 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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

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

[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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

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

[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:

○	Positive
○	Negative
○	Unclear
○	Don't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	less or equal to 7 days
○	more than 7 days
○	Don't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

(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:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

(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:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

(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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Dog
○	Snake
○	Insect or scorpion
○	Other
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

(Id10089) Was (s)he injured by burns/fire? was answered with No OR (Id10089) Was (s)he injured by burns/fire? was answered with Doesn't know OR (Id10089) Was (s)he injured by burns/fire? was answered with Refused to answer .

[Id10091] [Age group: ALL]
(Id10091) Was (s)he injured by a firearm?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

(Id10091) Was (s)he injured by a firearm? was answered with No OR (Id10091) Was (s)he injured by a firearm? was answered with Doesn't know OR (Id10091) Was (s)he injured by a firearm? was answered with Refused to answer .

[Id10092] [Age group: ALL]
(Id10092) Was (s)he stabbed, cut or pierced?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

(Id10092) Was (s)he stabbed, cut or pierced? was answered with No OR (Id10092) Was (s)he stabbed, cut or pierced? was answered with Doesn't know OR (Id10092) Was (s)he stabbed, cut or pierced? was answered with Refused to answer .

[Id10093] [Age group: ALL]
(Id10093) Was (s)he strangled?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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 that three weeks (interviewer to enter 1 month) before death?

Choose only one option:

○	Days
○	Months
○	Years
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Days
○	Months
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Mild
○	Severe
○	Doesn't know
○	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:

○	Continuous
○	On and off
○	Only at night
○	Doesn't know
○	Refused to answer

[Id10153] [Age group: ALL]
(Id10153) Did (s)he have a cough?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	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:

○	Days
○	Months
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

- Relevant when:
(The deceased person is a Child is True AND (Id10153) Did (s)he have a cough? was answered with Yes) OR (The deceased person is a Neonate is True AND (Id10114) If the baby didn't show any sign of life, was it born dead? was NOT answered with Yes AND (Id10153) Did (s)he have a cough? was answered with Yes) .

[Id10158] [Age group: N_C]
(Id10158) Did (s)he make a whooping sound when coughing?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Days
○	Months
○	Years
○	Doesn't know
○	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:

○	Continuous
○	On and off
○	Doesn't know
○	Refused to answer

[Id10166] [Age group: ALL]
(Id10166) Did (s)he have fast breathing?
Choose only one option:

○	Yes
○	No
○	Doesn't know
○	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:

○	Days
○	Months
○	Doesn't know
○	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 a Neonate is True OR The deceased person is a Child is True .

[Id10172] [Age group: N_C]
(Id10172) Did you see the lower chest wall/ribs being pulled in as the child breathed in (chest in-drawing)?
Ask only for children under the age of 12 years. Show photos if available.

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

The deceased person is a Neonate is True OR The deceased person is a Child is True .

[Id10173_nc] [Age group: N_C]
(Id10173_nc) Did his/her breathing sound like any of the following:

Choose one or more options:

☐	Stridor
☐	Grunting
☐	Wheezing
☐	None of the above
☐	Doesn't know
☐	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:

○	Yes
○	No
○	Doesn't know
○	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 paint 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:

○	Hours
○	Days
○	Doesn't know
○	Refused to answer

• Relevant when:

[(Id10178_unit) How long did the chest pain last?] was answered with [Hours].

[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 [Days].

[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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Days
○	Months
○	Doesn't know
○	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.

- Relevant when:
(The deceased person is a Child is True OR The deceased person is a Neonate is True)
AND (Id10181) Did (s)he have diarrhoea? was answered with Yes .

[Id10183] [Age group: N_C]
(Id10183) How many stools did the baby or child have on the day that diarrhoea was most frequent?
For don't know, enter "99." For refused, enter "88."

• Relevant when:

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

[Id10184_units] [Age group: C]

(Id10184_units) How long before death did the diarrhoea start?

If the respondent is unable to answer, prompt: Did the diarrhoea start less than 3 days before death (interviewer to enter 2 days), or did it start at least 3 days before death (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:

○	Days
○	Months
○	Doesn't know
○	Refused to answer

• Relevant when:

(Id10184_units) How long before death did the diarrhoea start? was answered with Days .

[Id10184_b] [Age group: C]

(Id10184_b) [Enter how long before death the diarrhoea started in days]:

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

• Relevant when:

(Id10184_units) How long before death did the diarrhoea start? was answered with Months .

[Id10184_c] [Age group: C]

(Id10184_c) [Enter how long before death the diarrhoea started in months]:

Enter 1-60 months.

• Relevant when:

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

[Id10185] [Age group: C]

(Id10185) Did the diarrhoea continue until death?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

[Id10186] [Age group: ALL]

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

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

[Id10188] [Age group: ALL]

(Id10188) Did (s)he vomit?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• 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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Hours
○	Days
○	Months
○	Doesn't know
○	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:

☐	Upper right abdomen
☐	Upper left abdomen
☐	Lower right abdomen
☐	Lower left abdomen
☐	All over the abdomen
☐	Doesn't know
☐	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Days
○	Months
○	Doesn't know
○	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:

○	Rapidly
○	Slowly
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Days
○	Months
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Days
○	Months
○	Doesn't know
○	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 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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Hours
○	Days
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

(The deceased person is a Neonate is True AND (Id10114) If the baby didn't show any sign of life, was it born dead? was NOT answered with Yes) OR ((Id10220) Did (s)he experience any generalized convulsions? was answered with Yes AND The deceased person is a Child is True AND Age in Months is less than 12) .

[Id10275] [Age group: N_C]

(Id10275) Did the baby have convulsions starting within the first 24 hours of life?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

(Id10275) Did the baby have convulsions starting within the first 24 hours of life? was answered with No OR (Id10275) Did the baby have convulsions starting within the first 24 hours of life? was answered with Doesn't know OR (Id10275) Did the baby have convulsions starting within the first 24 hours of life? was answered with Refused to answer .

[Id10276] [Age group: N_C]

(Id10276) Did the baby have convulsions starting more than 24 hours after birth?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Days
○	Months
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

[Id10233] [Age group: ALL]

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

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	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:

☐	Face
☐	Trunk or abdomen
☐	Extremities
☐	Everywhere
☐	Doesn't know
☐	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

The deceased person is a Neonate is True OR The deceased person is a Child is True .

[Id10239] [Age group: N_C]
(Id10239) Did he/she have areas of the skin that turned black?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

The deceased person is a Neonate is True OR The deceased person is a Child is True .

[Id10240] [Age group: N_C]
(Id10240) Did he/she have areas of the skin with redness and swelling?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Days
○	Months
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Days
○	Months
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Days
○	Weeks
○	Months
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

[Id10265] [Age group: ALL]

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

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	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:

○	Days
○	Months
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

The deceased person is a Child is True .

[Id10269] [Age group: C]
(Id10269) Did (s)he have sunken eyes?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

(The deceased person is a Neonate is True AND (Id10114) If the baby didn't show any sign of life, was it born dead? was NOT answered with Yes) OR (The deceased person is a Child is True AND Age in Months is less than 12).

[Id10271] [Age group: N_C]

(Id10271) Was the baby able to suckle or bottle-feed within the first 24 hours after birth?

This question should be asked only if the child was less than 1 year old when it died.

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

(The deceased person is a Neonate is True AND (Id10114) If the baby didn't show any sign of life, was it born dead? was NOT answered with Yes) OR (The deceased person is a Child is True AND Age in Months is less than 12).

[Id10272] [Age group: N_C]

(Id10272) Did the baby ever suckle in a normal way?

This question should be asked only if the child was less than 1 year old when it died.

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

(The deceased person is a Neonate is True AND (Id10114) If the baby didn't show any sign of life, was it born dead? was NOT answered with Yes) OR (The deceased person is a Child is True AND Age in Months is less than 12).

[Id10273] [Age group: N_C]

(Id10273) Did the baby stop suckling?

This question should be asked only if the child was less than 1 year old when it died.

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

(Id10273) Did the baby stop suckling? was answered with Yes AND The deceased person is a Child is True .

[Id10274_units] [Age group: C]
(Id10274_units) How long after birth did the baby stop suckling?
If the respondent is unable to answer, prompt: Did the baby stop suckling within the first day of life (interview to enter 0 days), or at least by the second day of life (interviewer to enter 3 days)? Enter 1 unit only: 0-30 days or 1-11 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.

Choose only one option:

○	Days
○	Months
○	Doesn't know
○	Refused to answer

• Relevant when:

(Id10274_units) How long after birth did the baby stop suckling? was answered with Days .

[Id10274_b] [Age group: C]
(Id10274_b) [Enter how long after birth the baby stopped suckling in days]:
Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.

• Relevant when:

(Id10274_units) How long after birth did the baby stop suckling? was answered with Months .

[Id10274_c] [Age group: C]
(Id10274_c) [Enter how long after birth the baby stopped suckling in months]:
Enter 1-11 months.

• Relevant when:

(The deceased person is a Neonate is True AND (Id10114) If the baby didn't show any sign of life, was it born dead? was NOT answered with Yes) OR (The deceased person is a Child is True AND Age in Months is less than 12) .

[Id10277] [Age group: N_C]
(Id10277) Did the baby's body become stiff, with the back arched backwards?
This question should be asked only if the child was less than 1 year old when it died.

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

(The deceased person is a Neonate is True AND (Id10114) If the baby didn't show any sign of life, was it born dead? was NOT answered with Yes) OR (The deceased person is a Child is True AND Age in Months is less than 12).

[Id10278] [Age group: N_C]
(Id10278) Did the baby have a bulging or raised fontanelle?
Show photo if available.
Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

(Id10278) Did the baby have a bulging or raised fontanelle? was answered with No OR (Id10278) Did the baby have a bulging or raised fontanelle? was answered with Doesn't know OR (Id10278) Did the baby have a bulging or raised fontanelle? was answered with Refused to answer.

[Id10279] [Age group: N_C]
(Id10279) Did the baby have a sunken fontanelle?
Show photo if available.
Choose only one option:

○	Yes
○	No
○	Doesn't know
○	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.

[Age group: N_C]
Neonatal and child history, signs and symptoms

• Relevant when:

The deceased person is a Neonate is True OR The deceased person is a Child is True.

[Age group: N_C]
Neonatal child questions part A

• Relevant when:

The deceased person is a Neonate is True OR (The deceased person is a Child is True AND Age in Months is less than 12).

[Id10354] [Age group: N_C]

(Id10354) Was the child part of a multiple birth?

This question should be asked only if the child was less than 1 year old when it died. If two or more children are born at the same time, it is counted as a multiple birth, even if one or more of the babies are born dead.

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

The deceased person is a Neonate is True OR (The deceased person is a Child is True AND Age in Months is less than 12).

[Id10366_check] [Age group: N_C]

is the child health card is available?

Choose only one option:

○	Yes
○	No

• Relevant when:

(The deceased person is a Neonate is True OR (The deceased person is a Child is True AND Age in Months is less than 12)) AND is the child health card is available? was answered with Yes.

[Age group: N_C]

Weight (in grammes) of the deceased at birth

[n10366] [Age group: N_C]

Enter the birth weight from the card. Record the weight in grammes in 4 digits. For data entry, convert to grammes as needed. 1 kilogram=1,000 grammes.

[Id10366] [Age group: N_C]

(Id10366) What was the weight (in grammes) of the deceased at birth?

[Id10363] [Age group: N_C]

(Id10363) At birth, was the baby smaller than usual, (weighing under 2.5 kg)?

Show photos if available. This question should be asked only if the child was less than 1 year old when it died.

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

[Id10365] [Age group: N_C]

(Id10365) At birth, was the baby larger than usual, (weighing over 4.5 kg)?

Show photos if available. This question should be asked only if the child was less than 1 year old when it died.

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

[Id10367] [Age group: N_C]

(Id10367) How many months long was the pregnancy before the child was born?

If the respondent is unable to answer, prompt: Did the pregnancy last less for less than 8 months (interviewer to enter 7 months); did it last 8 or 9 months (interviewer to enter 9 months); or for more than 9 months (interviewer to enter 10 months)? For don't know, enter "99." For refused, enter "88."

• Relevant when:

The deceased person is a Child is True AND Age in Months is less than 12.

[Id10369] [Age group: C]
(Id10369) Were there any complications during labour or delivery?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

[Id10370] [Age group: N_C]
(Id10370) Was any part of the baby physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on body)?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

(Id10370) Was any part of the baby physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on body)? was answered with Yes OR (Id10370) Was any part of the baby physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on body)? was answered with Doesn't know OR (Id10370) Was any part of the baby physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on body)? was answered with Refused to answer .

[Id10371] [Age group: N_C]
(Id10371) Did the baby/ child have a swelling or defect on the back at time of birth?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

(Id10370) Was any part of the baby physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on body)? was answered with Yes OR (Id10370) Was any part of the baby physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on body)? was answered with Doesn't know OR (Id10370) Was any part of the baby physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on body)? was answered with Refused to answer.

[Id10372] [Age group: N_C]

(Id10372) Did the baby/ child have a very large head at time of birth?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

• Relevant when:

(Id10372) Did the baby/ child have a very large head at time of birth? was answered with No OR (Id10372) Did the baby/ child have a very large head at time of birth? was answered with Doesn't know OR (Id10372) Did the baby/ child have a very large head at time of birth? was answered with Refused to answer.

[Id10373] [Age group: N_C]

(Id10373) Did the baby/ child have a very small head at time of birth?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

[Id10435] [Age group: ALL]

(Id10435) Did a health care worker tell you the cause of death?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	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?

- Relevant when:

The deceased person is a Neonate is True OR The deceased person is a Child is True .

[Id10446] [Age group: N_C]

(Id10446) Has the deceased's (biological) mother ever been told she had HIV/AIDS by a health worker?

Choose only one option:

○	Yes
○	No
○	Doesn't know
○	Refused to answer

[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:

○	Yes
○	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:

○	Yes
○	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.

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:

○	Yes
○	No
○	Doesn't know
○	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:

○	Yes
○	No
○	Doesn't know
○	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 Yes .

[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 Yes .

[Id10469] [Age group: ALL]
(Id10469) [Duration of second antecedent cause of death (Ic):]
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 .

[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 Yes .

[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 Yes .

[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 Yes .

[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