World Health Organization

<u>**Survey**</u>

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

[Age group: ALL]
Information on the Deceased

[Id10017] [Age group: ALL]
(Id10017) What was the first or given name(s) of the deceased?

[Id10018] [Age group: ALL]
(Id10018) What was the surname(s) (or family name(s)) of the deceased?

[Id10019] [Age group: ALL]
(Id10019) What was the sex of the deceased?

Choose only one option:

○	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 Neonate .

[age_neonate_days] [Age group: N]
How many days old was the baby? [Enter neonate's age in days:]
Neonatal age is under 28 days, or 0 to 27 completed days. If less than 1 day or 24 hours, enter 0 days. A response is required for this question. If the exact age is unknown, enter the best estimate.

• Relevant when:

How many days old was the baby? [Enter neonate's age in days:] was answered with 0.

[age_neonate_hours] [Age group: N]
How many hours was the baby alive?

[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 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?

[Age group: ALL]
Open narrative

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

[Id10476] [Age group: ALL]
(Id10476) Thank you for your information. Now can you please tell me in your own words about the events that led to the death?
[If there's no information available, please enter "no information available"]

• Relevant when:

[The deceased person is a Neonate] is [True].

[Id10479] [Age group: N]

(Id10479) [Select any of the following words that were mentioned as present in the narrative.]

Choose one or more options:

☐	Asphyxia
☐	Incubator
☐	Lung problem
☐	Pneumonia
☐	Preterm delivery
☐	Respiratory distress
☐	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 Neonate] is [True].

[Age group: N]

Verification of possible stillbirth

[Id10104] [Age group: N]

(Id10104) Did the baby ever cry?

Choose only one option:

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

• Relevant when:

[(Id10104) Did the baby ever cry?] was answered with [Yes].

[Id10105] [Age group: N]

(Id10105) Did the baby cry immediately after birth, even if only a little bit?

Choose only one option:

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

• Relevant when:

(Id10104) Did the baby ever cry? was answered with Yes .

[Id10106] [Age group: N]

(Id10106) How many minutes after birth did the baby first cry?

If the respondent is unable to answer, prompt: Did the baby first cry within 5 minutes (interviewer to enter 4 minutes) or after more than 5 minutes (interviewer to enter 6 minutes)? For don't know, enter "99." For refused, enter "88." If the respondent says the baby never cried, go back and enter "No" to Id10104, "Did the baby ever cry?"

• Relevant when:

(Id10104) Did the baby ever cry? was answered with Yes .

[Id10107] [Age group: N]

(Id10107) Did the baby stop being able to cry?

Choose only one option:

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

[Id10377] [Age group: N]

(Id10377) Did the baby stop moving in the womb?

Choose only one option:

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

• Relevant when:

(Id10377) Did the baby stop moving in the womb? was answered with Yes OR (Id10377) Did the baby stop moving in the womb? was answered with Doesn't know OR (Id10377) Did the baby stop moving in the womb? was answered with Refused to answer .

[Id10376] [Age group: N]

(Id10376) Did the baby stop moving before or after the onset of labour?

Choose only one option:

○	Before
○	After
○	Don't know
○	Refused to answer

[Id10109] [Age group: N]
(Id10109) Did the baby ever move after being delivered?

Choose only one option:

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

[Id10110] [Age group: N]
(Id10110) Did the baby ever breathe?

Choose only one option:

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

• Relevant when:

(Id10110) Did the baby ever breathe? was answered with Yes .

[Id10111] [Age group: N]
(Id10111) Did the baby breathe immediately after birth, even a little?

Choose only one option:

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

• Relevant when:

(Id10110) Did the baby ever breathe? was answered with Yes .

[Id10112] [Age group: N]
(Id10112) Did the baby have a breathing problem?

Choose only one option:

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

- Relevant when:

  (Id10110) Did the baby ever breathe? was answered with Yes .

[Id10113] [Age group: N]
(Id10113) Was the baby given assistance to breathe at birth?

Choose only one option:

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

- Relevant when:

  (Id10104) Did the baby ever cry? was NOT answered with Yes AND (Id10109) Did the baby ever move after being delivered? was NOT answered with Yes AND (Id10110) Did the baby ever breathe? was NOT answered with Yes .

[Id10114] [Age group: N]
(Id10114) If the baby didn't show any sign of life, was it born dead?
This question serves to finally determine if the baby was born alive or dead.

Choose only one option:

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

[Id10115] [Age group: N]
(Id10115) Were there any bruises or signs of injury on baby's body after the 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 answered with Yes OR (Id10114) If the baby didn't show any sign of life, was it born dead? was answered with Refused to answer OR (Id10114) If the baby didn't show any sign of life, was it born dead? was answered with Doesn't know .

[Id10116] [Age group: N]
(Id10116) Was the baby's body soft, discoloured and the skin peeling away?
Macerated means the body was pulpy. This indicates that the baby has been dead inside the mother for some time.

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

• Relevant when:

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

[Id10084] [Age group: ALL]
(Id10084) Was there any poisoning?
This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.

Choose only one option:

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

• Relevant when:

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

[Id10085] [Age group: ALL]
(Id10085) Did (s)he die of drowning?
This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.

Choose only one option:

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

• Relevant when:

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

[Id10086] [Age group: ALL]
(Id10086) Was (s)he injured by a venomous bite or sting from an animal or insect?
This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.

Choose only one option:

○	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

((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

((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

((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

- Relevant when:

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

[Id10096] [Age group: ALL]

(Id10096) Was s(h)e electrocuted?

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

Choose only one option:

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

- Relevant when:

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

[Id10094] [Age group: ALL]

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

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

Choose only one option:

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

- Relevant when:

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

[Id10095] [Age group: ALL]

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

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

Choose only one option:

○	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 answered with No OR (Id10114) If the baby didn't show any sign of life, was it born dead? was NOT answered) AND The deceased person is a Neonate is True AND ((Id10098) Was the injury accidental? was answered with Yes OR (Id10098) Was the injury accidental? was NOT answered) AND (Id10077_a) How long after the injury or accident did s/he die? was NOT answered with less or equal to 7 days .

[Id10351] [Age group: N]

(Id10351) How many days old was the baby when the fatal illness started?

Maximum number of days for neonates is 27 days. The answer could be given in another unit, but for data entry use days. Less than 24 hours=0 days; 1 week=7 days. Enter "99" for "don't know." Enter "88" for "refuse."

- Relevant when:

((((Id10114) If the baby didn't show any sign of life, was it born dead? was answered with No OR (Id10114) If the baby didn't show any sign of life, was it born dead? was NOT answered) AND The deceased person is a Neonate is True) OR The deceased person is a Child is True) AND (Id10077_a) How long after the injury or accident did s/he die? was NOT answered with less or equal to 7 days .

[Id10408] [Age group: N]

(Id10408) Before the illness that led to death, was the baby/the child growing normally?

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]

Duration of illness

- Relevant when:

The deceased person is a Neonate is True .

[Id10120_0] [Age group: N]

(Id10120_0) For how many days was (s)he ill before death?

If the respondent is unable to answer, prompt: Was s(h)e ill for less than 1 week - interviewer to enter 6 days; 1 to 2 weeks - interviewer to enter 13 days; 2 to 3 weeks - interviewer to enter 20 days; 3 to 4 weeks – interviewer to enter 27 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

Neonate is True .

[Id10148_a] [Age group: N]
(Id10148_a) How many days did the fever last?
If less than 1 day or 24 hours, enter 0 days. Use 1 week = 7 days to determine number of days. For don't know, enter "99." For refused, enter "88."

- 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

[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 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 .

Duration of breathing difficulty

• Relevant when:

The deceased person is a Neonate is True .

[Id10161_0] [Age group: N]

(Id10161_0) For how many days did the difficulty breathing or breathlessness last?

If less than 1 day or 24 hours, enter 0 days. Use 1 week = 7 days to determine the number of days. For don't know, enter "99." For refused, enter "88."

[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 Neonate is True .

[Id10167_a] [Age group: N]

(Id10167_a) For how many days did the fast breathing last?

If less than 1 day or 24 hours, enter 0 days. Use 1 week = 7 days to determine the number of days. For don't know, enter "99." For refused, enter "88."

• 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

[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 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 Neonate is True .

[Id10184_a] [Age group: N]
(Id10184_a) How many days 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)? If less than 1 day or 24 hours, enter 0 days. Use 1 week = 7 days to determine the number of days. For don't know, enter "99." For refused, enter "88."

[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:

((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) AND The deceased person is a Neonate is True .

[Id10191] [Age group: N]

(Id10191) Was there blood in the vomit?

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

[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 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

[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 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 Neonate is True .

[Id10274_a] [Age group: N]

(Id10274_a) How many days 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 (interviewer to enter 0 days), or at least by the second day of life (interviewer to enter 3 days)?

- 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:

The deceased person is a Neonate is True .

[Id10281] [Age group: N]

(Id10281) Did the baby become unresponsive or unconscious?

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:

(Id10281) Did the baby become unresponsive or unconscious? was answered with Yes .

[Id10282] [Age group: N]

(Id0282) Did the baby become unresponsive or unconscious within 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:

(Id0282) Did the baby become unresponsive or unconscious within 24 hours after birth? was answered with No OR (Id0282) Did the baby become unresponsive or unconscious within 24 hours after birth? was answered with Doesn't know OR (Id0282) Did the baby become unresponsive or unconscious within 24 hours after birth? was answered with Refused to answer .

[Id10283] [Age group: N]

(Id10283) Did the baby become unresponsive or unconscious more than 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 .

[Age group: N]

Neonatal child questions part C

[Id10284] [Age group: N]

(Id10284) Did the baby become cold to touch?

Choose only one option:

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

[Id10286] [Age group: N]

(Id10286) Did the baby become lethargic after a period of normal activity?

Choose only one option:

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

[Id10287] [Age group: N]

(Id10287) Did the baby have redness or pus oozing from the umbilical cord?

Choose only one option:

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

[Id10288] [Age group: N]

(Id10288) Did the baby have skin ulcer(s) or sore(s)?

Choose only one option:

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

[Id10289] [Age group: N]

(Id10289) Did the baby have yellow skin, palms or soles?

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?

• 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 No .

[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

• Relevant when:

(Id10363) At birth, was the baby smaller than usual, (weighing under 2.5 kg)? was answered with Doesn't know OR (Id10363) At birth, was the baby smaller than usual, (weighing under 2.5 kg)? was answered with No OR (Id10363) At birth, was the baby smaller than usual, (weighing under 2.5 kg)? was answered with 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

• 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) .

[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."

[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:

(The deceased person is a Neonate is True).

[Age group: N]

(neonatal_childB) Neonatal child questions part B

[Id10382] [Age group: N]

(Id10382) How many hours did labour and delivery take?

If the respondent is unable to answer, prompt: Did the labour last for less than 24 hours (interviewer to enter 23 hours), or for more than 24 hours (interviewer to enter 25 hours)? If less than one hour enter 0. For don't know, enter "99." For refused, enter "88."

[Id10383] [Age group: N]

(Id10383) Was the baby born 24 hours or more after the water broke?

Choose only one option:

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

[Id10384] [Age group: N]

(Id10384) Was the liquor foul smelling?

Choose only one option:

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

[Id10385] [Age group: N]

(Id10385) What was the colour of the liquor when the waters broke?

Choose only one option:

○	Green or brown
○	Clear (normal)
○	Other
○	Doesn't know
○	Refused to answer

[Age group: N]

(mother_deliv) How was the baby delivered?

[Id10387] [Age group: N]

(Id10387) Was the delivery normal vaginal, without forceps or vacuum?

Choose only one option:

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

• Relevant when:

(Id10387) Was the delivery normal vaginal, without forceps or vacuum? was NOT answered with Yes .

[Id10388] [Age group: N]

(Id10388) Was the delivery vaginal, with forceps or vacuum?

Choose only one option:

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

• Relevant when:

(Id10387) Was the delivery normal vaginal, without forceps or vacuum? was NOT answered with Yes

AND (Id10388) Was the delivery vaginal, with forceps or vacuum? was NOT answered with Yes .

[Id10389] [Age group: N]

(Id10389) Was the delivery a Caesarean section?

Choose only one option:

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

[Id10391] [Age group: N]

(Id10391) Did you/the baby's mother receive any vaccinations since reaching adulthood including during this pregnancy?

Choose only one option:

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

• Relevant when:

(Id10391) Did you/the baby's mother receive any vaccinations since reaching adulthood including during this pregnancy? was answered with Yes .

[Id10393] [Age group: N]

(Id10393) Did you/the baby's mother receive tetanus toxoid (TT) vaccine?

Choose only one option:

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

[Id10395] [Age group: N]

(Id10395) During labour, did the you/the baby's mother suffer from fever?

Choose only one option:

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

[Id10396] [Age group: N]

(Id10396) During the last 3 months of pregnancy, labour or delivery, did you/the baby's mother suffer from high blood pressure?

Choose only one option:

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

[Id10397] [Age group: N]

(Id10397) Did you/the baby's mother have diabetes mellitus?

Choose only one option:

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

[Id10398] [Age group: N]

(Id10398) Did you/the baby's mother have foul smelling vaginal discharge during pregnancy or after delivery?

Choose only one option:

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

[Id10399] [Age group: N]

(Id10399) During the last 3 months of pregnancy, labour or delivery, did you/the baby's mother suffer from convulsions?

Choose only one option:

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

[Id10400] [Age group: N]

(Id10400) During the last 3 months of pregnancy did you/the baby's mother suffer from blurred vision?

Choose only one option:

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

[Id10401] [Age group: N]

(Id10401) Did you/the baby's mother have severe anemia?

Choose only one option:

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

[Id10402] [Age group: N]

(Id10402) Did you/the baby's mother have vaginal bleeding during the last 3 months of pregnancy but before labour started?

Choose only one option:

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

[Id10403] [Age group: N]

(Id10403) Did the baby's bottom, feet, arm or hand come out of the vagina before its head?

Choose only one option:

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

[Id10404] [Age group: N]

(Id10404) Was the umbilical cord wrapped more than once around the neck of the child at birth?

Choose only one option:

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

[Id10405] [Age group: N]

(Id10405) Was the umbilical cord delivered first?

Choose only one option:

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

[Id10406] [Age group: N]

(Id10406) Was the baby blue in colour at 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

[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

[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

[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

[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

[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.

[Age group: ALL]
Medical certificate of cause of death

[noteccd] [Age group: ALL]

Death certificate with cause of death: "This refers to the medical certificate of cause of death (show image of local medical certificate of cause of death if available)."

[Id10462] [Age group: ALL]

(Id10462) Was a medical certificate of cause of death issued?

The following information serves only to complete cause of death information in some environments. In routine CRVS this information could be skipped in the interview, and information be collected from other sources, if available.

Choose only one option:

○	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:

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:

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:

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:

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:

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:

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