**Adult (12+years old) Social Autopsy (SA) Questionnaire**

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| **SECTION 2: BACKGROUND** | | | |
| **2.4 BACKGROUND and GENERAL SIGNS AND SYMPTOMS (ADULT DEATHS)** | | | |
| A4003 | Did s/he ever attend school? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4013u  *(10120\_unit)* | For how long was (s)he ill before death? | 1. Days 2. Months 3. Years 4. Don’t know   8. Refused to answer | ◻***2 →* A4013m**  ***3 →* A4013y**  ***8, 9 →* A4014** | |
| A4013d  *(10120\_1)* | Enter how long the illness lasted, in days:  *Enter 0-30 days. Less than 24 hours = 0 days. Record “99” if Don’t know.* | | **\_\_ \_\_** Days if >00 ***→*** *A4178A*  *(DK = 99)* | |
| A4013m  *(10121)* | Enter how long the illness lasted, in months:  *Enter 1-11 months. Record “99” if Don’t know.* | | **\_\_ \_\_** Months ***→*** *A4178A*  *(DK = 99)* | |
| A4013y  *(10122)* | Enter how long the illness lasted, in years:  *Enter years. Record “99” if Don’t know.* | | **\_\_ \_\_** Years***→*** *A4178A*  *(DK = 99)* | |
| A4014  *(10123)* | Did (s)he die suddenly?  *(“Suddenly” means within 24 hours of being in regular health”)* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ | |

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| **SECTION 9: SIGNS AND SYMPTOMS FOR ADULT FEMALE DEATHS (12 years and above)**  *Ask only for pregnancy-related deaths.*  *Read: Now I’d like to ask you about <NAME>’s illness.* | | | |
| A4167  *(10305)* | Was she pregnant (and not yet in labor) at the time of death?  *A “Yes” response to this question means a fetus or baby remained in the mother’s body after she died. If she was already in labor or actively aborting – please answer “No” to Id10305.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***2,8,9 → A4250*** |
| A4178A | During the pregnancy, did she see anyone for antenatal care? | 1. Yes 2. No   9. Don’t know | 🞎  ***2 or 9 →* A4193\_0** |
| A4178B | How many times did she receive antenatal care during the pregnancy? | | \_\_ \_\_ Times  *(DK = 99)* |
| A4193  *(10333)* | Did she attempt to terminate the pregnancy? | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻**If 2, 8, 9 → A4250** |
| A4193\_1 | How did she do this? | 1. Oral medicine  2. Traditional vaginal herbal application  3. Vaginal tablet  4. Instrumentation  9. Don’t know  8. Refused to answer | ◻ |

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| **SECTION 10: CARE-SEEKING FOR THE FATAL ILLNESS (ADULT DEATHS)**  ***Read:*** Now, I’d like to ask you about <NAME>’s fatal illness and the care and treatments that s/he received. | | | | | | | | | | | | | | | | | |
| A4250 | Where was <NAME> when her/his illness began?  *“Home” in response 2 means the deceased woman’s home, the birth attendant’s home or any other home.* | | | | | | 1. Home or community 2. Home, with a birth attendant (for pregnancy-related deaths only) 3. Delivery facility (for pregnancy-related deaths only) 4. Other *(specify)*   9. Don’t know | | | | | | | 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| A4251 | Did <NAME> receive, or did you or s/he give or seek, any care or treatment for the fatal illness? | | | | | | 1. Yes 2. No—care not needed, given or sought   9. Don’t know | | | | | | | 🞎***2 →* A4253A**  ***9 →* A4402** | | | |
| A4252 | Please tell me everything that was done for <NAME>’s fatal illness inside the home and all the places outside the home (he / she) went or was taken for health care. Start with the first care or treatment <NAME> received and then, in order, tell me all the other care and treatments s/he received. Also tell me what symptoms were present when each action was taken.  *Include any health care provider <NAME> was on route to but did not reach before dying.*  *For pregnancy-related deaths: Mark any provider where the woman had an abortion (spontaneous or induced) or delivered.*  *For all adults: (1) If the illness lasted 3 months or more: ask about the first three actions taken at the start of the illness and the middle of the illness, and about the last three actions at the end of the illness. Circle ‘S’ (Start), ‘M’ (Middle) or ‘E’ (End) for each action. (2) Check one other care or health care provider box for each action row. Check ‘Trained CHW, nurse or midwife’ only if the provider was seen outside a facility. (3) For pregnancy-related deaths only: Mark any provider or facility where the woman aborted or delivered. (4) Record the day of the illness on which the first action was taken. (5) Record the symptom(s) that were present when each action was taken.* | | | | | | | | | | | | | | | | |
| **(1)**  **Action** | **(2)**  **Other care** | | | | **(2)**  **Health care providers** | | | | | | | | **(3)** | | **(4)** | | **(5)** |
| **# and Illness phase – (S)tart, (M)id, (E)nd** | **Home care (own, relative, neighbor, friend)** | **Tra-ditional or non-formal provider** | **Phar-macist or drug seller** | | **Trained community health**  **worker (CHW), nurse, or midwife** | | | | **Private doctor**  **or clinic**  **(formal/**  **unsure)** | **NGO or govern-ment clinic** | **Hospital** | | **Woman aborted or delivered at this provider** | | **Illness day first action was taken** | | **What symptoms were present when the action was taken?** |
| 1.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | | 🞎 | | \_\_ \_\_ | |  |
| 2.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | | 🞎 | |  | |  |
| 3.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | | 🞎 | |  | |  |
| 4.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | | 🞎 | |  | |  |
| 5.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | | 🞎 | |  | |  |
| 6.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | | 🞎 | |  | |  |
| 7.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | | 🞎 | |  | |  |
| 8.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | | 🞎 | |  | |  |
| 9.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | | 🞎 | |  | |  |
| A4253A | Please tell me, who was involved in the decision about whether, when and where to take <NAME> for health care?  *Prompt:* Was there anyone else?  *Multiple answers allowed.* | | | | | | 1. Deceased’s mother 2. Deceased’s father 3. Deceased’s spouse/partner 4. Compound head 5. Community elder/leader 6. Religious leader 7. Someone else (*specify*)   9. Don’t know | | | | | | | 1. □  2. □  3. □  4. □  5. □  6. □  7. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. □ ***→ A4254*** | | | |
| A4253B | Who had the strongest voice in the decision? | | | | | | 1. Deceased’s mother 2. Deceased’s father 3. Deceased’s spouse/partner 4. Compound head 5. Community elder/leader 6. Religious leader 7. Someone else (*specify*)   9. Don’t know | | | | | | | 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| A4254 | Some people say they have no problems accessing health care. Others say they have problems accessing care.  *If the deceased never went for health care, ask:* What about <NAME>? Did s/he experience any problems that kept (her / him) from seeking heallth care during the illness?  *If the deceased sought any health care, ask:* What about <NAME>? Did s/he have to overcome any problems to go for health care during the illness? | | | | | | 1. Yes 2. No   9. Don’t know | | | | | | | 🞎 ***2 or 9 → Inst\_1a*** | | | |
| A4255 | What were the main problems s/he had?  *Prompt:* Was there anything else?  *Multiple answers allowed.* | | | | | | 1. Did not think person was sick enough to need health care 2. No one available to go with her/him 3. Too much time away from his/her regular duties 4. Someone else had to decide *(specify)* 5. Too far to travel 6. No transportation available 7. Cost of transportation 8. Cost of health care 9. Other cost *(specify)* 10. Not satisfied with available health care 11. Problem required traditional care 12. Thought s/he was too sick to travel 13. Thought s/he will die despite care 14. Was late at night (transportation or provider not available) 15. Fear of catching other diseases 16. Fears exposure to male health provider 17. Other *(specify)*   99. Don’t know | | | | | | | 1. □  2. □  3. □  4. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. □  6. □  7. □  8. □  9. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10. □  11. □  12. □  13. □  14. □  15. □  16. □  17. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  99. □ | | | |
| ***Inst\_1a: If A4251 = 2 (No care given or sought) → A4402***  ***Inst\_1b: If A4252 ≠ “Health provider” (Never took to a health provider) → A4284.*** | | | | | | | | | | | | | | | | | |
| A4256 | *Refer to A4252 for the first health provider and related symptoms:*  You mentioned that <NAME> went to the (first) health provider, I mean the <FIRST HEALTH PROVIDER> with <SYMPTOM(S)>. How long had <NAME> had (this / these) symptom(s) when it was decided to go to the <FIRST HEALTH PROVIDER>?  *Read “…to the first…” if took or tried to take to more than one health provider.*  *Mark days, hours &/or minutes as needed: e.g. 00 day, 02 hours, 10 minutes* | | | | | | | | | | | | | **\_\_ \_\_** Days  *(DK = 99)* | | | |
| **\_\_ \_\_** Hours  *(DK = 99)* | | | |
| **\_\_ \_\_** Minutes  *(DK = 99)* | | | |
| ***Formal health careseeking matrix:*** *Ask the following questions for the first and last health providers where care was sought for the fatal illness. Ask all the questions for the First Health Provider before going on to the Last Health Provider.*  *Before asking about the first health provider, read:*  Now I would like to ask you about <NAME>’s visit to the (first) health provider, I mean the <FIRST HEALTH PROVIDER>.  *Read “first” if went to or received care from more than one provider.*  *Before asking about the last health provider, read:*  Now I would like to ask you about <NAME>’s visit to the last health provider, I mean the <LAST HEALTH PROVIDER>. | | | | | | | | | | | | | | | | | |
| **– ILLNESS MATRIX QUESTIONS –** | | | | | | | | | | | | **FIRST HEALTH PROVIDER** | | | | **LAST HEALTH**  **PROVIDER** | |
| What was the name of the <FIRST/LAST HEALTH PROVIDER> where <NAME> went?  *Probe to identify the name and type of provider or facility. Knowing the name of the facility might help determine its type. If the deceased was seen by a trained CHW, nurse or midwife at a health facility, then mark the type of facility where the provider was seen. Use option 5 or 10 only if the provider was seen outside of a health facility.* | | | | Public sector:   1. Government hospital 2. Government clinic/health center 3. Government health post 4. Mobile clinic 5. Trained CHW, nurse or midwife (outside a health facility) 6. Other public sector   Private medical sector:   1. Private hospital 2. Private doctor/clinic 3. Mobile clinic 4. Trained CHW, nurse or midwife (outside a health facility) 5. Other private medical sector   99. Don’t know | | | | | | | | A4257  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | | | A4266  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of  Provider/Facility) | |
| *For health care at a facility (A4257/A4266 = 1-4, 6-9, 11), ask:* Did <NAME> reach the <FIRST/LAST HEALTH PROVIDER> before s/he died?  *For health care outside a facility, ask:*  Did the <FIRST/LAST HEALTH PROVIDER> reach <NAME> before s/he died?  *If “No,” discuss with respondent to determine correct response: 2 or 3.* | | | | 1. Yes, reached before died 2. No, died on route to this provider / before this provider reached the deceased 3. No, could not reach this provider, so returned home or took other action   9. Don’t know | | | | | | | | A4258  🞎 ***2 → A4284***  ***3, 9 → Inst\_2*** | | | | A4267  🞎 ***2-9 → Inst\_3*** | |
| *Ask only for pregnancy-related deaths:*  What was her condition when she arrived at the <FIRST HEALTH PROVIDER>? Was she…  *Respondent should hear all the choices and then give one response.* | | | | 1. Alert, able to communicate, breathing easily 2. Drowsy, difficulty staying awake; gasping or very fast, shallow breathing 3. Unconscious; irregular or very slow breathing 4. Other *(specify)*   9. Don’t know | | | | | | | | A4258A  🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |
| How long did it take, from the time it was decided to seek care to the time when (<NAME> reached the <FIRST HEALTH PROVIDER> / the <FIRST HEALTH PROVIDER> reached <NAME>)?  *Read “…for the provider to reach <NAME>” if the provider saw the deceased at home or another location outside of a health facility (A4257 = 5, 10).*  *Mark hours &/or minutes as needed: e.g. 02 hours, 10 minutes.* | | | | | | | | | | | | A4259  **\_\_ \_\_** Hours  *(DK = 99)* | | | |  | |
| **\_\_ \_\_** Minutes  *(DK = 99)* | | | |  | |
| How long after arriving at the <FIRST/LAST HEALTH PROVIDER> did <NAME> first receive care?  *Mark hours &/or minutes as needed: e.g. 02 hours, 10 minutes.* | | | | | | | | | | | | A4259A  **\_\_ \_\_** Hours  *(DK = 99)* | | | | A4268A  **\_\_ \_\_** Hours  *(DK = 99)* | |
| **\_\_ \_\_** Minutes  *(DK = 99)*  **A4257 *≠ 1,2,7,8 (Hospital, Health center, Clinic)***  ***→* A4261** | | | | **\_\_ \_\_** Minutes  *(DK = 99)*  **A4266 *≠ 1,2,7,8 (Hospital, Health center, Clinic)***  ***→* A4270** | |
| How many days did <NAME> stay at the health facility?  *Mark ‘00’ if less than 1 day.* | | | | | | | | | | | | A4260A  **\_\_ \_\_** Days  *(DK = 99)* | | | | A4269A  **\_\_ \_\_** Days  *(DK = 99)* | |
| Did the <FIRST/LAST HEALTH PROVIDER> refer <NAME> to another health provider or facility? | | | | 1. Yes 2. No   9. Don’t know | | | | | | | | A4261  🞎 ***2 or 9 →* A4264** | | | | A4270  🞎 ***2 or 9 →* A4273** | |
| To where was <NAME> referred?  *Probe to identify the name and type of provider or facility. Knowing the name of the facility might help determine its type. If the deceased was referred to a trained CHW, nurse or midwife at a health facility, then mark the type of facility. Use option 5 or 10 only if the provider was to be seen outside of a health facility.* | | | | Public sector:   1. Government hospital 2. Government health center 3. Government health post 4. Mobile clinic 5. Trained CHW, nurse or midwife (outside a health facility) 6. Other public sector   Private medical sector:   1. Private hospital 2. Private doctor/clinic 3. Mobile clinic 4. Trained CHW, nurse or midwife (outside a health facility) 5. Other private medical sector   99. Don’t know | | | | | | | | A4262  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | | | A4271  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of  Provider/Facility) | |
| Did the health provider/facility arrange transportation for <NAME> to reach the referral facility? | | | | 1. Yes 2. No   9. Don’t know | | | | | | | | A4263  🞎 | | | | A4272  🞎 | |
| Did <NAME> leave the <FIRST/LAST HEALTH PROVIDER> alive? | | | | 1. Yes, left alive 2. No, died at this provider | | | | | | | | A4264  🞎 ***1 → Inst\_2***  ***2 →* A4284** | | | | A4273  🞎 ***→ Inst\_3*** | |
| ***Inst\_2: Check A4252→ If taken to another health provider…*** | | | | | | | | | | | | ***→* A4266**  ***(LAST PROVIDER)*** | | | |  | |
| ***Inst\_3: If A4261 = 1 (referred) or A4270 = 1 (referred) → continue with A4274.***  ***Otherwise →* A4284** | | | | | | | | | | | | | | | | | |
| A4274 | Did <NAME> go to (all) the health provider(s) where s/he was referred?  *Read “all the health providers…” if the deceased was referred by both the first and last providers.* | | | | | 1. Yes 2. No   9. Don’t know | | | | | | | | 🞎 | | | |
| A4275 | Some people say they have no problems accessing health care. Others say they have problems accessing care.  *If the deceased did not go to (all) the referral provider(s), ask:* What about <NAME>? Did s/he experience any problems that kept (her / him) from going to a health provider where s/he was referred?  *If the deceased went to (all) the referral provider(s), akk:* What about <NAME>? Did s/he have to overcome any problems to go to a health provider where s/he was referred? | | | | | 1. Yes 2. No   9. Don’t know | | | | | | | | 🞎 ***2 or 9 →***  **A4284** | | | |
| A4276 | What were the main problems s/he had?  *Prompt:* Was there anything else?  *Multiple answers allowed.* | | | | | 1. Did not think person was sick enough to need more health care 2. No one available to go with him/her 3. Too much time away from his/her regular duties 4. Someone else had to decide *(specify)* 5. Too far to travel 6. No transportation available 7. Cost of transportation 8. Cost of health care 9. Other cost *(specify)* 10. Not satisfied with available health care 11. Problem required traditional care 12. Thought s/he was too sick to travel 13. Thought s/he will die despite care 14. Was late at night (transportation or provider not available) 15. Fear of catching other diseases 16. Provider didn’t say referral so important 17. Went to a different provider/facility 18. The person died before going 19. Other *(specify)*   99. Don’t know | | | | | | | | 1. □  2. □  3. □  4. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. □  6. □  7. □  8. □  9. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10.□  11. □  12. □  13. □  14. □  15. □  16. □  17. □  18. □  19. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  99. □ | | | |
| ***Inst\_1: If A4257, A4266, A4262 or A4271 = 1-4, 6-9 or 11 (seen/sought care at any health facility)***  ***→ continue with A4280;***  ***Otherwise → A4283)*** | | | | | | | | | | | | | | | | | |
| A4280 | Were there any problems during admission to the hospital or health facility? | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | | ◻ | | | |
| A4281 | Were there any problems with the way (s)he was treated (medical treatment, procedures, interpersonal attitudes, respect, dignity) in the hospital or health facility? | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | | ◻ | | | |
| A4282 | Were there any problems getting medications, or diagnostic tests in the hospital or health facility? | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | | ◻ | | | |
| A4283 | In the final days before death, did anyone use a telephone or cell phone to call for help? | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | | ◻ | | | |
| A4284 | How many days after (<LAST ACTION A4252> / leaving the first/last health provider) did <NAME> die? | | | | | | | | | | | | | **\_\_ \_\_** Days  *(<1 = 00; DK = 99)* | | | |

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| **SECTION 13B: THE HOUSEHOLD (ADULT DEATHS)**  ***Read:*** Now I would like to ask you some questions about the deceased’s household. | | | |
| A4402 | Where did <NAME> stay during the fatal illness? | 1. Her/His own home 2. Her/His in-law’s home 3. Her/His parent’s home 4. Her/His brother’s home 5. Other (specify)   9. Don’t know | 🞎 ***9 → A4471***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A4405 | In an emergency, how long would it take to reach the nearest health facility from (this / that) location?  Mark hours &/or minutes as needed: e.g. 01 hour, 30 minutes.  *Read “…that location…” if the interview is being conducted somewhere other than where the deceased stayed during the illness.* | | \_\_ \_\_ Hours  *(DK = 99)* |
| \_\_ \_\_ Minutes  *(DK = 99)* |

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| **SECTION 14: SOCIAL CAPITAL AND HIV/AIDS QUESTIONS (ADULT DEATHS)**  *Read*: Now, I have some questions about (<NAME>’s / <NAME>’s <RELATIVES’>) community.    *The following questions are about the community where the deceased stayed during the fatal illness (A4402). Read either “…<NAME>’s…” or “…<NAME>’s <RELATIVES’>…” and ask A4451 – A4453 about the deceased and her/his community or her/his relatives’ community.* | | | |
| A4451 | In the 12 months before <NAME>'s death, did the people in the (village / neighborhood) work together on any of the following issues that affect the entire community or part of the community?  *Read all the issues and mark “Yes,” “No” or “Don’t know” for each one.* | 1. Health services/clinics 2. Paid job opportunities 3. Credit/finance 4. Water distribution 5. Security/police services 6. Other   *(specify)* | Yes No DK  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A4453A | Was <NAME> able to turn to any person or group in the community for help during her/his fatal illness)? | 1. Yes 2. No   9. Don’t know | 🞎 ***2 or 9 →* A4471** | |
| A4453 | What people or groups was <NAME> able to turn to for help?  *Prompt:* Was there anyone else?  *Multiple answers allowed. Continue prompting until the respondent says there was no one else.* | 1. Religious group 2. Women’s group 3. Savings group or microcredit program 4. Any other community group, such as a vocational training group, community cooperative, political group, sports club, youth or student group 5. Community or political leader 6. Religious leader 7. Family 8. Neighbors 9. Friends 10. Patron/employer/benefactor 11. Police 12. Other   *(specify)* | 1. □  2. □  3. □  4. □  5. □  6. □  7. □  8. □  9. □  10. □  11. □  12. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 15: OPEN ENDED RESPONSE & INTERVIEWER COMMENTS/OBSERVATIONS (ADULT DEATHS)**  A4471  *Note: This is an optional question, to be asked or not as determined by the study site.*  *Read:* Thank you for answering the many questions that I’ve asked. Would you like to tell me about <NAME>’s illness in your own words? Also, is there anything else about her/his illness that I did not ask and you would like to tell me about?  *After the respondent(s) finishes, ask*: Is there anything else?  *Write the respondent’s exact words. After s/he has finished, read this back and ask her/him to correct any errors in what you wrote.* |
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**END OF INTERVIEW**

**THANK RESPONDENT FOR HER/HIS PARTICIPATION**

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| *Interviewer: Use this space to write down your comments and observations about the interview.* |
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