**Stillbirth, Neonatal, Verbal Autopsy and Verbal Autopsy (VASA) Questionnaire**

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| **SECTION 2: BACKGROUND** | | | |
| **2.1 GENERAL DELIVERY CONTEXT (for 0-27 DAY OLDS)** | | | |
| N2001  *(10354)* | Was the child part of a multiple birth?  *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.* | 1. Yes 2. No 3. Don’t know 4. Refused to answer | ◻ |
| N2006 | Where was the deceased born?  *Read the question and slowly read the choices. Respondent should hear all choices and then respond. “Home” includes the mother’s, birth attendant’s or any other home*.  *If the child was born in a health facility, ask:* What was the name of the (hospital / health facility)? | 1. Hospital 2. Other health facility 3. Home 4. On route to hospital or facility 5. Other 6. Doesn't know 7. Refused to answer | ◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Hospital/Facility) |
| N2008 | Who (at the facility) assisted the delivery of the baby?  *Read “...at the facility...” if she delivered at a health facility.*  *If more than one person assisted, mark the person highest in the list.* | Health professional:   1. Doctor 2. Nurse / Midwife 3. Auxiliary midwife   Other person:   1. Traditional birth attendant 2. Community health worker 3. Relative / Friend 4. Other (specify)   8. No one  9. Don’t know | ◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2009\_2  *(10363)* | At birth, was the baby smaller than usual, (weighing under 2.5 kg)?  *Show photos if available.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***2,8,9 →*** **N2009\_4** |
| N2009\_3 | At birth, was the baby very much smaller than usual, (weighing under 1.5 kg)?  *Show photos if available.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1,2,8,9*** *→* **N2010** |
| N2009\_4  *(10365)* | At birth, was the baby larger than usual, (weighing over 4.5 kg)?  *Show photos if available.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2010  *(10366)* | What was the weight of the deceased at birth?  *Ask if the child health card is available. If the card is available and the birth weight is recorded, enter the birth weight from the card. If the card is not available, record the weight based on the respondent's report if known. Record the weight in grams in 4 digits. Respondents may give the answer in kilograms. For the data entry, convert to grams. 1 kilogram=1,000 grams. Enter "9999" for "don't know." Enter "8888" for "refuse."* | | **\_\_ \_\_ \_\_ \_\_** Grams  *(DK = 9999, Refuse =8888)*  *8888 or 9999→ N2012* |
| N2011 | *Record the source of the birth weight information.* | 1. Child’s health card 2. Respondent’s recall (no health card was available or seen) | ◻ |

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| ***IF >2 DAYS OLD*** *→* ***N2023***  **2.2 STILLBIRTH / NEONATAL DEATH (0-2 DAY OLDS ONLY) DETERMINATION** | | | | | |
| N2012  *(10114)* | Was the child born alive or dead? | 1. Alive 2. Dead   9. Don’t know  8. Refused to answer | | ◻ | |
| N2013  *(10104)* | Did the baby ever cry? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | ◻ | |
| N2014  *(10109)* | Did the baby ever move after being delivered? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | ◻ | |
| N2015  *(10110)* | Did the baby ever breathe? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | ◻ | |
| N2016 | *Refer to N2012-N2015. If “Dead” & no crying, movement or breathing, mark “Stillbirth.” If “Alive” & N2013-N2015= “No,” or if “Dead” and N2013-N2014 or N2015= “Yes,” then discuss & correct.* | 1. Stillbirth 2. Live birth | | ◻ ***2 →* N2023** | |
| **2.3 GENERAL SIGNS AND SYMPTOMS (STILLBIRTHS)** | | | | | |
| N2017  *(10376)* | Did the baby stop moving before or after the onset of labor? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | ◻***2 →* N2020** | |
| N2018  *(10377)* | Did the baby stop moving in the womb before labor started? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | ◻ ***2, 8, 9 →* N2020** | |
| N2019u | How long before labor did you/the mother last feel the baby move?  *Enter hours if 0-23 hours or days if 1-60 days.* | 1. Hours 2. Days 3. Don’t know   8. Refused to answer | | ◻ ***2 →* N2019d**  ***8, 9 →* N2020** | |
| N2019h | [Enter how long before labor (you / the mother) last felt the baby move, in hours]:  Less than 1 hour = ‘00’ hours. | | | **\_\_ \_\_** Hours before labor  *(DK = 99)*  ***→* N2020** | |
| N2019d | [Enter how long before labor (you / the mother) last felt the baby move, in days]:  1 week = 7 days | | | **\_\_ \_\_** Days before labor  *(DK = 99)* | |
| N2020  *(10115)* | Were there any bruises or signs of injury on the baby’s body after the birth? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | ◻ | |
| N2021  *(10116)* | Was the baby ’s body soft, pulpy and discolored and the skin peeling away? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | ◻ | |
| N2022  *(10370)* | Was any part of the baby physically abnormal at the time of delivery? (for example: body part too large or too small, additional growth on body) | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | ◻ ***8, 2 or 9 → N2051*** |
| N2022\_1  *(10371)* | Did the baby/ child have a swelling or defect on the back at the time of the birth? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ | |
| N2022\_2  *(10372)* | Did the baby/ child have a very large head at the time of the birth? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***1 → N2051*** | |
| N2022\_3  *(10373)* | Did the baby/ child have a very small head at the time of the birth? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ | |
| ***Inst\_1: STOP. After completing N2022\_3 → N2051 (Maternal history)*** | | | | | |

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| **2.4 BACKGROUND AND FATAL ILLNESS DURATION (NEONATAL DEATHS)** | | | |
| N2023  *(10017)* | What was the first or given name(s) of the deceased?  *Ask this only if the name is not already known (from Q1202).* | |  |
| N2024  *(10351)* | How many days old was the baby when the fatal illness started?  *If less than 24 hours, record “00” days. 1 week = 7 days. Record “99” if Don’t know.* | | **\_\_ \_\_** Days  *(DK = 99)* |
| N2024\_1  *(10408)* | Before the illness that led to death, was the baby growing normally? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2025  *(10120\_*  *0)* | For how many days was s/he ill before death?  *If less than 24 hours, record “00” days. Record “99” if Don’t know, or “88” if Refused to answer.* | | **\_\_ \_\_** Days if > 00 ***→***N2051  *(DK = 99, Ref = 88)* |
| N2026  *(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 3: MATERNAL HISTORY (STILLBIRTHS AND NEONATAL DEATHS)**  *Read:* Now, I would like to ask you some questions about (your / the mother’s) health and (your / her) pregnancy with <NAME>.  *Here and in the following questions, read “…the mother…,” “…her…” and “…she…” if the mother is not the respondent.* | | | | |
| N2052 | During the pregnancy, did (you / the mother) see anyone for antenatal care? | 1. Yes 2. No   9. Don’t know | | ◻ ***2 or 9 →* N2058** |
| N2054 | How many times did (you / the mother) receive antenatal care during this pregnancy? | | | \_\_ \_\_ Times  *(DK = 99)* |
| N2057 | As part of (your / the mother’s) antenatal care during this pregnancy, were any of the following done at least once:  *Read out all options and check “Yes,” “No” or “Don’t know” for each.* | 1. Was your blood pressure measured? 2. Did you give a urine sample? 3. Did you give a blood sample? 4. Did the provider tell (you / her) about the danger signs during pregnancy? 5. Did the provider tell (you / her) where to go if (you / she) had any danger signs? | | Yes No DK  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □ |
| N2058 | Please tell me the danger signs during pregnancy or labor and delivery that you should seek care for immediately.  *Probe:* Tell me as many of the danger signs as you can.  *Probe:* Can you tell me any others?  *Check each danger sign mentioned.* | 1. Vaginal bleeding 2. Convulsions/fits 3. Severe headache with blurred vision 4. Fever and too weak to get out of bed 5. Severe abdominal pain 6. Fast or difficult breathing 7. Painful contractions every 20 minutes or less for 12 hours or more 8. Broken water for 12 hours or more 9. Bloody, sticky discharge 12 hrs or more 10. No immediate danger sign mentioned | | 1. □  2. □  3. □  4. □  5. □ **\_\_\_** no. mentioned  6. □  7. □  8. □  9. □  10. □ |
| **Inst\_2: If Q1102 ≠ “1. High” *→*  N2065** | | | | |
| N2063 | *Skip N2063-N2064 in areas wo/malaria.*  During this pregnancy, did (you / the mother) sleep under an insecticide treated bed net? | 1. Yes, usually or always 2. Yes, sometimes 3. Never   9. Don’t know | | ◻ |
| N2064 | During this pregnancy, did (you / the mother) take any drug such as <MOH-RECOMMENDED DRUGS> to prevent (you / her) from getting malaria?  *Show the respondent pictures of MOH recommended drugs* | 1. Yes 2. No   9. Don’t know | | ◻ |
| N2065 | During this pregnancy, did (you / the mother) take ARVs? | | 1. Yes 2. No   9. Don’t know |  |

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| **SECTION 4: MATERNAL SYMPTOMS & CARESEEKING (STILLBIRTHS AND NEONATAL DEATHS)** | | | | | |
| N2080  *(10399 10396*  *10401 10397 10400 10402 10398)* | | Now I’d like to ask you about any symptoms (you / the mother) might have had during the late part of the pregnancy. Were the last 3 months of the pregnancy complicated by any of the following symptoms that started before labor?  *Inform the respondent that labor starts when there are painful contractions every 20 minutes or less.*  *Then read each symptom and mark “Yes,” “No” or “Don’t know” for each.*  *Read “…the mother…” if the mother is not the respondent.*  *See question N2018 for the response to #15.* | | Did (you / the mother) have:   1. Convulsions? 2. High blood pressure? 3. Severe anemia or pallor and shortness of breath? 4. Diabetes mellitus? 5. Severe headache? 6. Blurred vision?   (Were you / Was she):   1. Too weak to get out of bed?   Did (you / the mother) have:   1. Severe abdominal pain? (before labor, not labor pain) 2. Fast or difficult breathing? 3. Puffy face? 4. Any vaginal bleeding before labor? 5. Fever? 6. Foul smelling vaginal discharge?   Did the:   1. Water break 6 hours or more before labor 2. Baby stopped moving before labor?   Did (you / the mother) have:   1. Any other symptom?   *(specify the other symptom)*  17, No symptoms before labor | Yes No DK  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □    1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □*→* **N2088** |
| N2081 | | Did (you / the mother) seek care or treatment from any person or health facility for (any of) the pregnancy symptom(s) that started before labor?  *Read “…for any of…” if she had more than one pregnancy symptom.*  *Care includes formal or traditional care but excludes advice.* | | 1. Yes 2. No   9. Don’t know | ◻ ***2 →* N2085**  ***9 →* N2088** |
| N2082 | | Where did (you / she) seek this care or treatment?  *Prompt:* Was there anywhere else?  *Probe to identify the type of provider or facility. If the woman was seen by a trained community nurse or midwife at a health facility, then mark the type of facility(ies) (1-3) where the provider was seen. Use option 4 only if the provider was seen outside of a health facility.*  *Multiple answers allowed.* | | Health professional:   1. Hospital 2. NGO or government clinic 3. Private doctor/clinic   Health professional (outside a facility):   1. Trained community nurse or midwife (outside of a health facility)   Other person:   1. TBA/village doctor/quack/other non-formal or traditional provider 2. Relative, neighbor, friend 3. Other *(specify)*   *(*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*)*  9. Don’t know | 1. □  2. □  3. □  4. □  5. □  6. □ ***Only 5-7***  **N2085**  7. □  9. □ ***→* N2088** |
| N2083 | | *If more than one symptom started before labor and she sought care from a health provider (N2082= 1-4), ask:*  Was there any particular symptom or symptoms that started before labor, for which (you / the mother) went to the (first) health provider?  *Read “…the first health provider?” if she went to more than one provider.* | | 1. Yes 2. No   9. Don’t know | ◻ ***2 or 9 →* N2085** |
| N2084 | | For which symptom(s) did (you / she) go?  *Multiple answers allowed*. | | 1. Convulsions □ 2. High blood pressure □ 3. Severe anemia or (pallor and SOB) □ 4. Diabetes □ 5. Severe headache □ 6. Blurred vision □ 7. Too weak to get out of bed □ 8. Severe abdominal (not labor) pain □ | 1. Fast or difficult breathing □ 2. Puffy face □ 3. Any bleeding before labor □ 4. Fever □ 5. Smelly vaginal discharge □ 6. Water broke >6 hrs bfr. labor □ 7. Baby stop moving bfr. labor □ 8. Other *(specified in N2080)* □ |
| N2085 | | Some people say they have no problems accessing health care. Others say they have problems accessing care.  *If she never went to a health provider (N2081= 2 or N2082 = only 5-7) for any of the pregnancy symptoms, ask:*  What about (you / the mother)? Did (you / she) experience any problems that kept (you / her) from going to a health provider or facility for the problem(s) that started before labor?  *If she went to health provider (N2082= 1-4) for any pregnancy symptom(s), ask:* What about (you / the mother)? Did (you / she) have to overcome any problems to go to a health provider or facility for the symptom(s) that started before labor? | | 1. Yes 2. No   9. Don’t know | ◻ ***2 or 9 → Inst\_3*** |
| N2086 | | What were the main problems (you / she) had?  *Prompt:* Was there anything else?  *Multiple answers allowed.* | | 1. Did not think was sick enough to need health care 2. No one available to go with her 3. Too much time from 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. Symptom(s) required traditional care 12. Thought she was too sick to travel 13. Thought she 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\_3: If N2081 = 2 or N2082 = only 5-7 (Never went to a health provider for any pregnancy symptoms)***  ***→******N2088*** | | | | | |
| N2087 | | (Were you / Was the mother) admitted to hospital for (any of) the symptom(s) that started before labor? | | 1. Yes 2. No   9. Don’t know | ◻ |
| N2088  *(10399 10396*  *10401 10395 10367 10382 10403 10405 10404)* | | Now I’d like to ask you about any symptoms (you / the mother) might have had during labor or delivery. Did (you / the mother) have any of the following symptoms during labor or delivery?  *Read “…the mother…” if the mother is not the respondent.*  *Remind the respondent that labor starts when there are painful contractions every 20 minutes or less.*  *Read each symptom and mark “Yes,” “No” or “Don’t know” for each.*  *Do not include any symptoms here that started after the baby was delivered.* | | Did (you / the mother) have:   1. Convulsions? 2. High blood pressure? 3. Severe anemia or pallor and shortness of breath? 4. Severe headache? 5. Blurred vision?   (Were you / Was she):   1. Too weak to get out of bed?   Did (you / the mother) have:   1. Severe abdominal pain? (not labor pain, between contractions) 2. Fast or difficult breathing? 3. Puffy face? 4. Excessive bleeding during labor or delivery 5. Fever? 6. Foul smelling vaginal discharge? 7. Early/preterm labor (before 9 months) 8. Labor that lasted 12 hours or more   Was the:   1. Baby’s bottom, feet, arm or hand delivered before its head? 2. The umbilical cord delivered first? 3. The umbilical cord wrapped more than once around the neck of the child at birth?   Did (you / the mother) have:   1. Any other symptom?   *(specify the other symptom)*   1. No symptoms during labor/delivery | Yes No DK  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □    1. □ 2. □ 9. □    1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □    1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ ***→* N2076A** |
| N2089A | | When (this / the first) symptom began, (were you / was the mother) where the baby was delivered, or somewhere else?  *Read “…the first…” if she had more than one labor or delivery symptom.*  *For interviewer only: Confirm the delivery place (N2006) and provider (N2008) and enter the response.* | | 1. Where the baby was delivered 2. Somewhere else (not where delivered)   9. Don’t know | ◻ ***1 →* N2076A**  ***9 →* N2090** |
| N2089B | | Where was this other place? | | 1. Home, without a formal health provider 2. Home, with a formal health provider 3. On route to a health provider or facility 4. Hospital 5. Other health facility 6. Other *(specify)* | ◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2090 | | Did (you / she) receive or seek any care or treatment for (any of) the labor or delivery symptom(s), including any care or treatment at home?  *Read “…any of…” if she had more than one symptom.*  *Care includes formal or traditional care but excludes advice.* | | 1. Yes 2. No   9. Don’t know | ◻***2 or 9 →* N2076A** |
| N2091 | | Where did (you / she) receive or seek this care or treatment, including where the baby was delivered?  Prompt: Was there anywhere else?  *Probe to identify the types of providers or facilities. If the woman was seen by a trained community nurse or midwife at a health facility, then mark the type of facility(ies) (1-3) where the provider was seen. Use option 4 only if this provider was seen outside a health facility. Use options 5-7 for other persons that provided care outside a health facility.*  *Multiple answers allowed.* | | Health professional (at a health facility):   1. Hospital 2. NGO or government clinic 3. Private doctor/clinic   Health professional (outside a facility):   1. Trained community nurse or midwife (outside a health facility)   Other person (outside a health facility):   1. TBA/village doctor/quack/other non-formal or traditional provider 2. Relative, neighbor, friend 3. Other *(specify)*   *(*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*)*  9. Don’t know | 1. □  2. □  3. □  4. □  5. □  6. □  7. □  ***Only 5-9***  ***N2076A***  9. □ |
| N2095 | | Was there any particular labor/delivery symptom or symptoms for which (you / the mother) first sought care from a health provider/facility? | | 1. Yes 2. No   9. Don’t know | ◻***2 or 9 →*****N2097** |
| N2096 | | For which symptom(s) did (you / she) go?  *Multiple answers allowed.* | | 1. Convulsions □ 2. High blood pressure □ 3. Severe anemia or (pallor and SOB) □ 4. Severe headache □ 5. Blurred vision □ 6. Too weak to get out of bed □ 7. Severe abdominal (not labor) pain □ 8. Fast or difficult breathing □ 9. Puffy face □ 10. Excess bleed during L or D □ | 1. Fever □ 2. Smelly vaginal discharge □ 3. Early/preterm labor (<9 mnth) □ 4. Labor for 12 hours or more □ 5. Part other than baby’s head coming out first □ 6. Cord delivered first □ 7. Cord around child’s neck more than once □ 8. Other *(specified in N2088)* □ |
| N2097 | | How long after the labor or delivery symptom(s) began was it decided to go to a health provider/facility?  *Mark days, hours &/or minutes as needed: e.g. 00 day, 02 hours, 10 minutes.*  *If the answer in N2095 is 2 or 9, then the question in N2097 should read: How long after the labor began was it decided to go to a health provider/facility?*  *If the answer in N2095 is 2 or 9, then the question in N2097 should read: How long after the labor or delivery symptom(s) began was it decided to go to a health provider/facility?* | | | **\_\_ \_\_** Days  *(DK = 99)* |
| **\_\_ \_\_** Hours  *(DK = 99)* |
| **\_\_ \_\_** Minutes  *(DK = 99)* |
| N2094 | | How many different health providers or facilities did (you / she) go to for this care, including where the baby was delivered?    *Include providers/facilities (1-4) in N2091 where care was sought for the labor or delivery symptoms, including where the baby was delivered.* | | | **\_\_ \_\_** Health providers/facilities  If = 1 ***→*****N2076A** |
| N2105 | | Did any of the health providers/facilities refer (you / the mother) to where the baby was delivered?  *This question is asking about referral to another, separate facility (not a different provider in the same facility).* | | 1. Yes 2. No   9. Don’t know | ◻ |
| N2076A | | Earlier you told me that the baby was delivered at <DELIVERY PLACE>. Please tell me who was involved in the decision about where the baby should be delivered?  *Prompt:* Was there anyone else?  *Multiple answers allowed.*  *Determine the delivery place from the answer to N2006.* | 1. Child’s mother 2. Child’s father 3. Child’s maternal grandmother 4. Child’s paternal grandmother 5. Compound head 6. Community elder/leader 7. Religious leader 8. Someone else (*specify*) 9. Don’t know | | 1. □  2. □  3. □  4. □  5. □  6. □  7. □  8. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. □ ***→* N2077** |
| N2076B | | Who had the strongest voice in the decision? | 1. Child’s mother 2. Child’s father 3. Child’s maternal grandmother 4. Child’s paternal grandmother 5. Compound head 6. Community elder/leader 7. Religious leader 8. Someone else (*specify*)   9. Don’t know | | ◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2077 | | *Some people say they have no problems accessing health care during labor/delivery. Others say they have problems accessing care during labor/delivery.*  *If she did not deliver or try to deliver with a health provider or facility*  *(N2006=5 or N2006=3 and N2008≠1-3), ask: What about (you / the mother)? Did (you / she) experience any problems that kept (you / her) from delivering with a health provider or facility?*  *If she delivered with or was on route to a health provider or facility (N2006=1,2,4 or N2006=3 and N2008-1-3), ask: What about (you / the mother)? Did (you / she) have to overcome any problems to go to a health provider or facility for the delivery?* | | 1. Yes 2. No   9. Don’t know | ◻ ***2 or 9 → Inst\_4*** |
| N2078 | | What were the main problems (you / she) had?  *Prompt:* Was there anything else?  *Multiple answers allowed.* | 1. Did not think she was sick enough to need health care 2. No one available to go with her 3. Too much time from 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. Symptom(s) required traditional care 12. Thought she was too sick to travel 13. Thought she 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\_4: If N2006=3 and N2008≠1-3 OR N2006=4 (delivered at home without a formal provider OR***  ***delivered on route to a provider/facility) → N2067*** | | | | | |
| N2103 | | After deciding to seek care for (the labor or delivery symptoms / the delivery), how long did it take (you / the mother) (to reach the <DELIVERY PROVIDER/FACILITY> / for the <DELIVERY PROVIDER> to reach (you / the mother))?  *Read “…the labor or delivery symptoms…” if the woman had any symptom(s) that started before she reached the delivery provider/facility.*  *Read “…for the provider to reach (you / the mother)” if the provider saw the woman at home or another location outside of a health facility.*  *Mark hours and/or minutes as needed: e.g. 05 hours, 30 minutes.* | | | **\_\_ \_\_** Hours  *(DK = 99)* |
| **\_\_ \_\_** Minutes  *(DK = 99)* |
| N2104 | | How long after ([you / the mother] arrived at the facility / the care provider arrived at your home) were you examined?  *Prompt:* In other words, how long did you have to wait?  *Enter the number of hours and/or minutes she waited.* | | | **\_\_ \_\_** Hours  *(DK = 99)* |
| **\_\_ \_\_** Minutes  *(DK = 99)* |
| N2067  *(10367)* | | How many months long was the pregnancy before the child was born?  *For don't know, enter "99." For refused, enter "88."* | | | **\_\_ \_\_** Months  *(DK = 99, Ref=88)* |
| N2068  *(10382)* | | How many hours did the labor and delivery take?  *Record “00” if less than 1 hour.* | | | **\_\_ \_\_** Hours  *(DK = 99, Ref=88)* |
| N2069\_1  *(10387)* | | Was the delivery normal vaginal, without forceps or vacuum? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | ◻ ***1 →* N2073** |
| N2069\_2  *(10388)* | | Was the delivery vaginal, with forceps or vacuum? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | ◻ ***1 →* N2073** |
| N2069\_3  *(10389)* | | Was the delivery performed by C-section? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | ◻ |
| N2073  *(10383)* | | Was the baby born 24 hours or more after the water broke? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | ◻ |
| N2074  *(10385)* | | What was the color of the liquor when the water broke? | 1. Green or brown 2. Clear (normal) 3. Other *(specify)*   9. Don’t know  8. Refused to answer | | ◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2075  *(10384)* | | Was the liquor foul smelling? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | ◻ |
| ***Inst\_5: STOP – If N2016 = 1 (Stillbirth) → N2271*** | | | | |

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| **SECTION 5: CARE OF THE NEWBORN AND SIGNS AND SYMPTOMS ASSOCIATED WITH THE FATAL ILLNESS (NEONATAL DEATHS)**  *Read:* Now I would like to ask you about the newborn child’s illness and care of the child. | | | |
| ***Inst\_6: Refer to N2006 (to determine the delivery place. If N2006 = 1-2 (Facility delivery) → N2112*** | | | |
| N2110 | What tool was used for cutting the cord? | 1. New/from delivery kit/boiled razor blade 2. Old razor blade 3. Scissors 4. Other *(specify)*   9. Don’t know | ◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2111 | What material was used for tying the cord? | 1. Clean/from delivery kit/boiled piece of thread 2. Unclean piece of thread 3. Cord clamp 4. Other *(specify)*   9. Don’t know | ◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2112 | Was anything applied to the umbilical cord stump after birth? | 1. Yes 2. No   9. Don’t know | ◻ ***2 or 9 →* N2114** |
| N2113 | What was it?  *Multiple answers allowed.* | 1. Alcohol/other antiseptic 2. Antibiotic ointment/cream/powder 3. Castor oil, mustard oil or shea butter 4. Animal dung or dirt/mud/ash 5. Other *(specify)*   9. Don’t know | 1. □  2. □  3. □  4. □  5. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. □ |
| N2114  *(10115)* | Were there any bruises or signs of injury on the baby’s body after the birth? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2115  *(10370)* | Was any part of the baby physically abnormal at the time of delivery? (for example: body part too large or too small, additional growth on body) | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 → N2117*** |
| N2116\_1  *(10371)* | Did the baby/ child have a swelling or defect on the back at time of birth? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2116\_2  *(10372)* | Did the baby/ child have a very large head at time of birth? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 → N2117*** |
| N2116\_3  *(10373)* | Did the baby/ child have a very small head at time of birth? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2116\_4 | Was there any other abnormality? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 → N2117*** |
| N2116\_4ot | What was the other abnormality? |  | |
| N2117  *(10406)* | Was the baby blue in color at birth? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2118  *(10111)* | Did the baby breathe immediately after birth, even a little? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***2 → N2120*** |
| N2119  *(10112)* | Did the baby have a breathing problem? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2120  *(10113)* | Was the baby given assistance to breathe at birth? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2121  *(10105)* | Did the baby cry immediately after birth, even if only a little bit? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 → N2123*** |
| N2122  *(10106)* | How many minutes after birth did the baby first cry?  *If the baby never cried, use code “98” and cross-check with N2013 (Did the baby ever cry?) in the stillbirth determination section. If N2013 = Yes, then discuss this with the respondent to reconcile. If N2013 should be “No,” then this may have been a stillbirth and you must redo the stillbirth determination section.* | | **\_\_ \_\_** Minutes if 98 🡪 N2126  *(RA = 88, DK = 99, Never cried = 98)* |
| N2123  *(10107)* | Did the baby stop being able to cry? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 → N2126*** |
| N2126 | After the birth, was the baby put directly on the bare skin of (your / the mother’s) chest?  *Show the woman a picture of skin-to-skin position.* | 1. Yes 2. No   9. Don’t know | ◻ ***2 or 9 → N2132*** |
| N2128 | Before being placed on the bare skin of (your / the mother’s) chest, was the baby wrapped up? | 1. Yes 2. No   9. Don’t know | ◻ |
| N2130 | *For babies delivered preterm (N2067<9 months) in a health facility (N2006=1-2), ask:* For how many days was the baby put directly on the bare skin of (your / the mother’s) chest?  *If less than 1 day, record “00.”* | | **\_\_ \_\_** Days  *(DK = 99)* |
| N2132 | Did (you / the mother) or a wet nurse ever breastfeed the baby? | 1. Yes 2. No   9. Don’t know | ◻***2 or 9 → N2135*** |
| N2133 | How long after birth was the baby first put to the breast?  *If 1-23 hours, record number of hours.*  *If 1 day or more, record number of days.* | 1. Immediately 2. Less than 1 hour 3. 1 hour or more 4. 1 day or more   9. Don’t know | □  □  Hours \_\_ \_\_  Days \_\_ \_\_  □ |
| N2134 | On the day before the fatal illness began, was the baby being breastfed?  *Ask only is age at death >0 days* | 1. Yes 2. No   9. Don’t know | ◻ |
| N2135 | On the day before the illness began, was the baby given any…?  *Read all options and record “Yes,” “No” or “Don’t know” for each.* | 1. Milk (other than breast milk) 2. Plain water 3. Sugar or glucose water 4. Gripe water 5. Sugar-salt-water solution 6. Fruit juice 7. Infant formula 8. Tea / Infusions 9. Honey 10. Semisolid or soft foods such as yogurt, cereal or mashed vegetables 11. Any other liquid or semisolid or soft food   (*Specify other liquid, semisolid, soft food*) | Yes No DK  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □    1. □ 2. □ 9. □  1. □ 2. □ 9. □  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| N2136  *(10271)* | Was the baby able to suckle or bottle-feed within the first 24 hours after birth? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 → N2138*** |
| N2137  *(10272)* | Did the baby ever suckle in a normal way? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* N2141** |
| N2138  *(10273)* | Did the baby stop suckling? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* N2141** |
| N2139  *(10274\_a)* | How many days after birth did the baby stop suckling?  *Less than 24 hours = “00” days.* | | **\_\_ \_\_** Days  *(DK = 99, Ref=88)* |
| N2142  *(10275)* | Did the baby have convulsions starting in the first 24 hours of life? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***1 →* N2144** |
| N2143  *(10276)* | Did the baby have convulsions starting more than 24 hours after birth?  *Ask only if age at death >0 days*  *If both N2142 and N2143 = “No,” discuss and reconcile this with the respondent.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2144  *(10277)* | Did the baby’s body become stiff, with the head arched backwards? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2145  *(10281)* | During the illness that led to death, did the baby become unresponsive or unconscious? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***8, 2 or 9 →* N2149** |
| N2146  *(10282)* | Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***1 →* N2148** |
| N2147  *(10283)* | Did the baby become unresponsive or unconscious more than 24 hours after birth?  *If both N2146 and N2147= “No,” discuss and reconcile this with the respondent.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2149  *(10286)* | During the illness that led to death, did the baby become lethargic after a period of normal activity? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2150  *(10287a)* | During the illness that led to death, did the baby have pus drainage from the umbilical cord stump? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2151  *(10287b)* | During the illness that led to death, did the baby have redness of the umbilical cord stump? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* N2153** |
| N2152 | Did the redness of the umbilical cord stump extend onto the abdominal skin? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2153 | During the illness that led to death, did the baby have skin bumps containing pus or a single large area with pus? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2154  *(10288)* | During the illness that led to death, did the baby have skin ulcer(s) or sore (s)? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2155  *(10147)* | During the illness that led to death, did the baby have fever? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* N2159** |
| N2157  *(10148\_a)* | How many days did the fever last?  *Less than 24 hours = “00” days.* | | **\_\_ \_\_** Days  *(DK = 99, Ref=88)* |
| N2158  *(10149)* | Did the fever continue until death? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2159  *(10284)* | During the illness that led to death, did the baby become cold to touch? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* N2162** |
| N2162  *(10153)* | Did the baby have a cough? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* N2165** |
| N2163  *(10158)* | Did s/he make a whooping sound when coughing? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2165  *(10159a)* | During the illness that led to death, did the baby have difficulty breathing? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* N2167** |
| N2166\_1  *(10161\_0a)* | For how many days did the difficult breathing last?  *Less than 24 hours = “00” days.* | | **\_\_ \_\_** Days  *(DK = 99, Ref=88)* |
| N2167  *(10166)* | During the illness that led to death, did the baby have fast breathing? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* N2170** |
| N2168 | At what age did the fast breathing start?  *Less than 24 hours = “00” days.* | | **\_\_ \_\_** Days  *(DK = 99)* |
| N2169  *(10167\_a)* | For how many days did the fast breathing last?  *Less than 24 hours = “00” days.* | | **\_\_ \_\_** Days  *(DK = 99, Ref=88)* |
| N2170  *(10159b)* | During the illness that led to death, did the baby have breathlessness? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* N2172** |
| N2171  *(10161\_0b)* | For how many days did the breathlessness last?  *Less than 24 hours = “00” days.* | | **\_\_ \_\_** Days  *(DK = 99, Ref=88)* |
| N2172  *(10172)* | Did you see the lower chest wall/ribs being pulled in as the child breathed in (chest in-drawing)?  *Show photo.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2173  *(10173\_nc)* | During the illness that led to death, did her/his breathing sound like any of the following?  *Demonstrate each sound.* |  |  |
| N2174  *(10173\_nc)* | Stridor | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2175  *(10173\_nc)* | Grunting | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2176  *(10173\_nc)* | Wheezing | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2177a  *(10278)* | Did <NAME> have a bulging or raised fontanelle during the illness that led to death?  *Show photo.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2177  *(10279)* | Did s/he have a sunken fontanelle during the illness that led to death?  *Show photo.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2178  *(10289)* | During the illness that led to death, did s/he have yellow skin, palms (hand) or soles (foot)? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2179  *(10265)* | During the illness that led to death, did the baby have yellow discoloration of the eyes? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2180  *(10233)* | During the illness that led to death, did the baby have any skin rash? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2181  *(10240)* | During the illness that led to death, did the baby have an area(s) of skin with redness and swelling? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2182  *(10239)* | During the illness that led to death, did s/he have areas of the skin that turned black? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2183 | During the illness that led to death, did the baby have bleeding from anywhere that was difficult to stop? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* N2185** |
| N2185  *(10181)* | Did (s)he have diarrhea?  *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* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* N2188** |
| N2186  *(10183)* | How many stools did the baby have on the day that diarrhea was most frequent? | | **\_\_ \_\_** Stools  *(DK = 99, Ref=88)* |
| N2187  *(10184\_a)* | How many days before death did the diarrhea start? | | **\_\_ \_\_** Days  *(DK = 99, Ref=88)* |
| N2188  *(10186)* | At any time during the fatal illness was there blood in the stools? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2189  *(10188)* | During the illness that led to death, did the baby vomit everything? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2189a  *(10189)* | Did s/he vomit in the week preceding death? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2189b | Did the baby appear to be healthy and then just die suddenly?  *Suddenly means died unexpectedly within 24 hours of being in regular health.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| **Injuries and Accidents**  *Read:*Now, I’d like to ask you about any injuries or accidents that <NAME> may have suffered. | | | |
| N2190  *(10077)* | Did <NAME> suffer from any injury or accident that led to her/his death? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***2 →* N2192** |
| N2190\_1  *(10079)* | Was it a road transport injury? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 →* N2190\_20** |
| N2190\_4  *(10082)* | 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.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 →* N2190\_20** |
| N2190\_5  *(10083)* | 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.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 →* N2190\_20** |
| N2190\_6  *(10084)* | Was there any poisoning?  *This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 →* N2190\_20** |
| N2190\_7  *(10085)* | 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.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 →* N2190\_20** |
| N2190\_8  *(10086)* | 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.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 →* N2190\_10** |
| N2190\_9  *(10087)* | Was (s)he injured by an animal or insect (non-venomous)? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***8, 2 or 9→* N2190\_11** |
| N2190\_10  *(10088)* | What was the animal/insect? | 1. Dog 2. Snake 3. Insect or scorpion 4. Other 5. Don’t know   8. Refused to answer | ◻***All responses →* N2190\_20** |
| N2190\_11  *(10089)* | Was (s)he injured by burns/fire?  *This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 →* N2190\_20** |
| N2190\_13  *(10091)* | Was (s)he injured by a firearm?  *This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | 1. Yes 2. No 3. Don’t know   8. Refused to answer | ◻ ***1 →* N2190\_20** |
| N2190\_14  *(10092)* | Was (s)he stabbed, cut or pierced?  *This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 →* N2190\_20** |
| N2190\_15  *(10093)* | Was (s)he strangled?  *This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 →* N2190\_20** |
| N2190\_16  *(10094)* | Was (s)he injured by a blunt force?  *A blunt force trauma is a non-penetrating injury from an object. This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***1 →* N2190\_20** |
| N2190\_17  *(10095)* | Was (s)he injured by a force of nature? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 →* N2191** |
| N2190\_18  *(10096)* | Was (s)he electrocuted?  *This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 →* N2190\_20** |
| N2190\_19  *(10097)* | Did (s)he suffer any other injury?  *This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2190\_20  *(10098)* | Was the injury accidental? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 → N2191*** |
| N2190\_22  *(10100)* | Was the injury intentionally inflicted by someone else? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2191  *(10077\_a)* | How long after the injury or accident did <NAME> die?  Record hours if less than 24 hours—Less than 1 hour = “00” hours;  Record days if 1 day or more. | | \_\_ \_\_ Hours  (DK = 99) |
| **\_\_ \_\_** Days  *(DK = 99)* |

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| **POSTNATAL CARE OF THE NEWBORN (NEONATAL DEATHS)**  *Read:*Now, I’d like to ask you about care the baby received soon after birth. | | | | |
| N2192 | *Check N2006 to determine if the baby was born in a health facility (codes 1-2):* | 1. Yes, born in a health facility 2. Not born in a health facility   9. Don’t know | ◻***2 or 9 → N2199*** | |
| N2193 | After the birth, did the baby leave the delivery facility alive or did s/he die in the facility? | 1. Yes, left alive 2. Died in the facility   9. Don’t know | ◻***2 or 9 → N2203*** | |
| N2194 | How long after birth did the baby leave the facility?  *Record hours if less than 24 hours—if less than 1 hour, record ‘00’ hours;*  *Record days if 1 day or more.* | | **\_\_ \_\_** Days  *(DK = 99)* | |
| **\_\_ \_\_** Hours  *(DK = 99)* | |
| N2195 | Before leaving the facility, did anyone physically examine the baby, for example, check the temperature or check the cord? | 1. Yes 2. No   9. Don’t know | ◻ | |
| N2197 | Prior to being discharged, (were you / was the mother) told about signs and symptoms for which the baby needs immediate care? | 1. Yes 2. No   9. Don’t know | ◻ | |
| N2198 | After discharge, before the fatal illness began, was the baby ever seen by a trained health worker or nurse at home or in the community, or by a doctor or nurse at a health facility?  *Multiple answers (1 and 2) allowed.*  *Then ask:*  How old was the baby when first seen by (this / any of these) provider(s)? | 1. Trained CHW or nurse at home/in the community 2. Doctor or nurse at a health facility 3. Never seen   9. Don’t know | Seen  1. □  2. □  3. □  9. □ | First visit  **\_\_\_ \_\_\_**  Days old  *(<1 = 00;*  *DK = 99)* |
| ***Inst\_8 →******N2203*** | | | | |
| N2199 | After the birth, did the delivery attendant examine the baby, for example, check the temperature or check the cord? | 1. Yes 2. No   9. Don’t know | ◻ | |
| N2201 | After the birth of the baby, did the delivery attendant tell (you / the mother) about signs and symptoms for which the baby needs immediate care? | 1. Yes 2. No   9. Don’t know | ◻ | |
| N2202 | In the days after delivery, before the fatal illness began, was the baby ever seen by a trained health worker or nurse at home or in the community, or by a doctor or nurse at a health facility?  *Multiple answers (1 and 2) allowed.*  *Then ask:*  How old was the baby when first seen by (this / any of these) provider(s)? | 1. Trained CHW or nurse at home/in the community 2. Doctor or nurse at a health facility 3. Never seen   9. Don’t know | Seen  1. □  2. □  3. □  9. □ | First visit  **\_\_\_ \_\_\_**  Days old  *(<1 = 00;*  *DK = 99)* |
| N2203 | Did the baby receive ARVs after delivery? | 1. Yes 2. No   9. Don’t know | ◻ | |

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| **SECTION 10: CARE-SEEKING FOR THE FATAL ILLNESS (FOR NEONATAL DEATHS)**  ***Read:*** Now, I’d like to ask you about <NAME>’s fatal illness and the care and treatments that s/he received. | | | | | | | | | | | | | | | | | | | |
| N2210 | Where was <NAME> when her/his illness began?  *Responses 2 and 3 are for neonates whose illness began after the birth, but before the SBA/TBA left the child’s home, the child left the SBA/TBA’s home or the child left the delivery facility.* | | | | | | 1. Home or community (not with a skilled birth attendant [SBA], such as a midwife, or a traditional birth attendant [TBA]) 2. Home (with an SBA or TBA) 3. Delivery facility 4. Other *(specify)*   9. Don’t’ know | | | | | | | | ◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| N2211 | When it was first noticed that <NAME> was ill, was s/he…  *Read the choices for each condition.* | | | | | | 1. Feeding normally, feeding poorly, or not feeding at all? 2. Normally active, less active than normal, or not moving? | | | | | | | | Normal Medium Abnormal DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □ | | | | |
| N2212 | Did <NAME> receive, or did you give or seek, any care or treatment for the fatal illness?  *If the response is “No care or treatment,” discuss with the respondent to confirm whether the baby actually received no care or treatment before continuing.* | | | | | | 1. Yes 2. No—care not needed, given or sought   9. Don’t know | | | | | | | | ◻***2 & N2210 = 2 →* N2213A**  ***2 & N2210 = 1, 4 →* N2214A**  ***2 & N2210 = 3 → N2222A***  ***9 →* N2271** | | | | |
| N2213 | 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.*  *(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. For action row 1 for neonates whose illness started at birth, this can include a nurse or midwife who attended the birth outside a facility if s/he also treated the newborn child. (3) If Action 1 was the health facility (private doctor, clinic or hospital) where the child was delivered, then check the ”This is the delivery facility” box. This box should be checked if N2210=3 AND the facility provided any treatment for the child’s illness before leaving the facility after the birth. (4) Record the day of the illness (01, 02, 03, etc.) 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)** | |
| **#** | **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** | | | **This is the delivery facility** | | | **Illness day first action was taken** | | **What symptoms were present when the action was taken?** | |
| 1. | 🞎 | 🞎 | 🞎 | | 🞎 | | | 🞎 | 🞎 | 🞎 | | | ◻ | | | \_\_ \_\_ | |  | |
| 2. | 🞎 | 🞎 | 🞎 | | 🞎 | | | 🞎 | 🞎 | 🞎 | | |  | | |  | |  | |
| 3. | 🞎 | 🞎 | 🞎 | | 🞎 | | | 🞎 | 🞎 | 🞎 | | |  | | |  | |  | |
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| 9. | 🞎 | 🞎 | 🞎 | | 🞎 | | | 🞎 | 🞎 | 🞎 | | |  | | |  | |  | |
| ***Inst\_9a: If N2210 = 3 (illness began at the health facility where the child was delivered)***  ***BUT***  ***N2213\_Action\_1\_(3) ≠ ‘X’ (The delivery facility was not reported as the first action,***  ***i.e., the respondent’s perception was that the facility did not provide any treatment***  ***for the child’s illness before leaving the facility after the birth) →* N2222A** | | | | | | | | | | | | | | | | | | | |
| ***Inst\_9b: If N2210 = 3 (Illness began at the health facility where the child was delivered)***  ***AND***  ***N2213\_Action\_1\_(3) = ‘X’ (The delivery facility was reported as the first action,***  ***i.e., the respondent’s perception was that the delivery facility provided treatment***  ***for the child’s illness before leaving the facility after the birth) → N2221A*** | | | | | | | | | | | | | | | | | | | |
| ***Inst\_10: If N2210 = 1, 4, 9 (Illness did not begin at home with an SBA/TBA or at the delivery facility) → N2214A*** | | | | | | | | | | | | | | | | | | | |
| N2213A | *Ask N2213A only if newborn’s illness began at home with an SBA or TBA (N2210=2).*  Did the SBA/TBA refer <NAME> to a health facility? | | | | | | 1. Yes 2. No   9. Don’t know | | | | | | | | ◻ ***2 →* N2213D** | | | | |
| N2213B | 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 child 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 | | | | | | | | ◻◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | | | |
| N2213C | Did the SBA/TBA arrange transportation for <NAME> to reach the referral facility? | | | | | | 1. Yes 2. No 3. Don’t know | | | | | | | | ◻ | | | | |
| N2213D | Was <NAME> alive when s/he left the SBA/TBA? | | | | | | 1. Yes, left alive 2. No, died at this provider | | | | | | | | ◻ ***2 → N2271*** | | | | |
| N2214A | Please tell me, who was involved in the decision about whether, when and where to take the baby for health care?  *Prompt:* Was there anyone else?  *Multiple answers allowed.* | | | | | | 1. Child’s mother 2. Child’s father 3. Child’s maternal grandmother 4. Child’s paternal grandmother 5. Compound head 6. Community elder/leader 7. Religious leader 8. Someone else (*specify*) 9. Don’t know | | | | | | | | 1. □  2. □  3. □  4. □  5. □  6. □  7. □  8. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. □ ***→* N2215** | | | | |
| N2214B | Who had the strongest voice in the decision? | | | | | | 1. Child’s mother 2. Child’s father 3. Child’s maternal grandmother 4. Child’s paternal grandmother 5. Compound head 6. Community elder/leader 7. Religious leader 8. Someone else (*specify*)   9. Don’t know | | | | | | | | ◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| N2215 | Some people say they have no problems accessing health care. Others say they have problems accessing care.  *If the child was never taken to a health provider, ask:* What about you? Did you experience any problems that kept you from taking <NAME> for health care during the illness?  *If the child was taken for any health care, ask:* What about you? Did you have to overcome any problems to take <NAME> for health care during the illness? | | | | | | 1. Yes 2. No   9. Don’t know | | | | | | | | ◻ ***2 or 9 → Inst\_11a*** | | | | |
| N2216 | What were the main problems you had?  *Prompt:* Was there anything else?  *Multiple answers allowed.* | | | | | | 1. Did not think child was sick enough to need health care 2. No one available to go with her/him 3. Too much time from her/his 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 child was too sick to travel 13. Thought child will die despite care 14. Was late at night (transportation or provider not available) 15. Fear of catching other diseases 16. Other *(specify)*   99. Don’t know | | | | | | | | 1. □  2. □  3. □  4. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. □  6. □  7. □  8. □  9. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10. □  11. □  12. □  13. □  14. □  15. □  16. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  99. □ | | | |
| ***Inst\_11a: If N2212 = 2 (No care given or sought) → N2271***  ***Inst\_11b: If N2213 ≠ “Health provider” (Never took to a health provider) → N2247***  ***(If N2210=2 (neonate delivered at home with an SBA/TBA),***  ***then “Health provider” does not include “CHW, nurse or midwife” in N2213 action row 1)*** | | | | | | | | | | | | | | | | | | | |
| N2217 | *Refer to N2213 for the first health provider and related symptoms:*  You mentioned that you took <NAME> 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** | | |
| At the time when it was decided to take <NAME> to the <FIRST/LAST HEALTH PROVIDER>, was s/he…  *Read the choices and mark “Normal,” “Moderate,” “Severe” or “Don’t know” for each condition.* | | | | 1. Feeding normally, feeding poorly, or not feeding at all 2. Normally active, less active than normal, or not moving | | | | | | | | N2218  Nrml Mod Svr DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □ | | | | | N2228  Nrml Mod Svr DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □ | | |
| What was the name of the <FIRST/LAST HEALTH PROVIDER> where you took <NAME>?  *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 | | | | | | | N2219  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | | | | | N2229  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of  Provider/Facility) | | |
| *For health care at a facility (N2219/N2229 = 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 | | | | | | | N2220  🞎 ***2 →* N2247**  ***3, 9 → Inst\_12*** | | | | | | N2230  🞎 ***2-9 → Inst\_13*** | | |
| 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 “…the provider reached <NAME>” if the provider saw the deceased at home or another location outside of a health facility (N2219 = 5, 10).*  *Mark hours &/or minutes as needed: e.g. 02 hours, 10 minutes.* | | | | | | | | | | | N2221  **\_\_ \_\_** Hours  *(DK = 99)* | | | | | |  | | |
| **\_\_ \_\_** Minutes  *(DK = 99)* | | | | | |  | | |
| How long after (the illness began / arriving at the <FIRST/LAST HEALTH PROVIDER>) did <NAME> first receive care?  *Mark hours &/or minutes as needed: e.g. 02 hours, 10 minutes.*  *For N2221A, read “…the illness began…” if the child’s illness began at the delivery facility.*  *Skip instructions for N2221A:*  *If illness began at the delivery facility and N2006 ≠ 2,3,7,8 (Hospital, Health center, Clinic) → N2223*  *If illness did not begin at delivery facility & N2219 ≠ 1,2,7,8 (Hospital, Health center, Clinic) → N2223* | | | | | | | | | | | N2221A  **\_\_ \_\_** Hours  *(DK = 99)* | | | | | | N2231A  **\_\_ \_\_** Hours  *(DK = 99)* | | |
| **\_\_ \_\_** Minutes  *(DK = 99)* | | | | | | **\_\_ \_\_** Minutes  *(DK = 99)*  ***N2229 ≠ 1,2,7,8 (Hospital, Health center, Clinic)***  ***→* N2233** | | |
| How many days did <NAME> stay at the (delivery facility / health facility)?  *Mark ‘00’ if less than 1 day.*  *Read “…*delivery facility?” *if <NAME>’s illness began in the delivery facility before leaving after the birth.* | | | | | | | | | | | N2222A  **\_\_ \_\_** Days  *(DK = 99)* | | | | | | N2232A  **\_\_ \_\_** Days  *(DK = 99)* | | |
| Did the <DELIVERY FACILITY / FIRST/LAST HEALTH PROVIDER> refer <NAME> to another health provider or facility?  *Read the name of the delivery facility if <NAME>’s illness began there before leaving after the birth.* | | | | 1. Yes 2. No   9. Don’t know | | | | | | | N2223  🞎 ***2 or 9 →* N2226** | | | | | | N2233  🞎 ***2 or 9 →* N2236** | | |
| 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 child 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 | | | | | | | N2224  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | | | | | N2234  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of  Provider/Facility) | | |
| Did the health provider/facility arrange transportation for <NAME> to reach the referral facility? | | | | 1. Yes 2. No 3. Don’t know | | | | | | | N2225  🞎 | | | | | | N2235  🞎 | | |
| Did <NAME> leave the <FIRST/LAST HEALTH PROVIDER> alive? | | | | 1. Yes, left alive 2. No, died at this provider | | | | | | | N2226  🞎 ***2 → Inst\_14*** | | | | | | N2236  🞎 ***2 → Inst\_13*** | | |
| At the time of leaving the (<FIRST/ LAST HEALTH PROVIDER>, was <NAME>…  *Read the choices and mark “Normal,” “Moderate,” “Severe” or “Don’t know” for each condition.* | | | | 1. Feeding normally, feeding poorly, or not feeding at all 2. Normally active, less active than normal, or not moving | | | | | | | N2227  Nrml Mod Svr DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □  ***→ Inst\_12*** | | | | | | N2237  Nrml Mod Svr DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □  ***→ Inst\_13*** | | |
| ***Inst\_12: Check N2213→ If taken to another health provider…*** | | | | | | | | | | | ***→* N2228 *(LAST PROVIDER)*** | | | | | |  | | |
| ***Inst\_13: If N2223 = 1 (referred) or N2233 = 1 (referred) → continue with N2238.***  ***Otherwise → Inst\_14*** | | | | | | | | | | | | | | | | | | | |
| N2238 | Did you take the child 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 | | | | | | | | ◻ | | | | | |
| N2239 | Some people say they have no problems accessing health care. Others say they have problems accessing care.  *If the child was not taken to (all) the referral provider(s), ask:* What about you? Did you experience any problems that kept you from taking <NAME> to a health provider where s/he was referred?  *If the child was taken to (all) the referral provider(s), ask:* What about you? Did you have to overcome any problems to take <NAME> to a health provider where s/he was referred? | | | | | 1. Yes 2. No   9. Don’t know | | | | | | | | ◻ ***2 or 9 → Inst\_14*** | | | | | |
| N2240 | What were the main problems you had?  *Prompt:* Was there anything else?  *Multiple answers allowed.* | | | | | 1. Thought no more care needed 2. No one available to go with her/him 3. Too much time from her/his regular duties 4. Someone else had to decide *(specify)* 5. Too far to travel 6. No transportation available 7. Cost oftransportation 8. Cost of health care 9. Other cost *(specify)* 10. Not satisfied with available 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 15. Fear of catching other diseases 16. Provider didn’t say referral so important 17. Went to a different provider/facility 18. The child 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\_14: If N2006 = 1,2 (born at a health facility) OR***  ***N2219, N2229, N2224 or N2234 = 1-4, 6-9 or 11 (seen/sought care at any health facility) → continue with N2244;***  ***Otherwise → N2247*** | | | | | | | | | | | | | | | | | | | |
| N2244 | Were there any problems during admission to the hospital or health facility? | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer  7. Was not born or seen at any facility | | | | | | | | 🞎 | | | | | |
| N2245 | 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  7. Was not born or seen at any facility | | | | | | | | 🞎 | | | | | |
| N2246 | 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  7. Was not born or seen at any facility | | | | | | | | 🞎 | | | | | |
| N2247 | 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 | | | | | | | | 🞎 | | | | | |
| N2248 | How many days after (<LAST ACTION N2213> / leaving the first/last health provider) did <NAME> die? | | | | | | | | | | | | | **\_\_ \_\_** Days  *(<1 = 00; DK = 99)* | | | | | |
| ***Inst\_15: If N2213 ≠ “Health Provider” (Never took to a health provider) → N2271***  ***(If N2210=2 (neonate delivered at home with an SBA),***  ***then “Health provider” does not include “CHW, nurse or midwife” in N2213 action row 1)*** | | | | | | | | | | | | | | | | | | | |

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| **SECTION 11: TREATMENTS RECEIVED DURING THE FATAL ILLNESS (NEONATAL DEATHS)**  Explain to the respondent that the following questions are about treatments that the child may have received during the final illness. | | | | |
| N2251  *(10418)* | Did <NAME> receive any treatment for the illness that led to death? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 → N2253*** | |
| N2252\_1  *(10419)* | Did (s)he receive oral rehydration salts? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ | |
| N2252\_2  *(10420)* | Did (s)he receive (or need) intravenous fluids (drip) treatment? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ | |
| N2252\_3  *(10421)* | Did (s)he receive (or need) a blood transfusion? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ | |
| N2252\_4  *(10422)* | Did (s)he receive treatment/food through a tube passed through the nose? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ | |
| N2252\_5  *(10423)* | Did (s)he receive (or need) injectable antibiotics? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ | |
| N2252\_6  *(10424)* | Did (s)he receive (or need) antiretroviral therapy (ART)? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ | |
| N2252\_7  *(10425)* | Did (s)he have (or need) an operation for the illness? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ | |
| N2259  *(10435)* | Did a health care worker tell you the cause of death? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* N2271** |
| N2260  *(10436)* | What did the health worker say? | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |

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| **SECTION 12: DEATH CERTIFICATE AND CIVIL REGISTRATION (STILLBIRTHS AND NEONATAL DEATHS)** | | | | | |
| N2271  *(10462)* | Was a medical certificate of cause of death issued?  *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)."* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | ◻ ***8, 2 or 9 →* N2283** |
| N2272  *(10463)* | Can I see the medical certificate of cause of death? | 1. Yes 2. No | | ◻ ***2 →* N2283** |
| N2273  *(10464)* | *Record the immediate cause of death from the certificate (line 1a)* |  | | |
| N2274  *(10465)* | *Duration of the immediate cause of death (Ia)* |  | | |
| N2275  *(10466)* | *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).* |  | | |
| N2276  *(10467)* | *Duration of the first antecedent cause of death (Ib)* |  | | |
| N2277  *(10468)* | *Record the second antecedent cause of death from the certificate (line 1c)* |  | | |
| N2278  *(10469)* | *Duration of second antecedent cause of death (Ic)* |  | | |
| N2279  *(10470)* | *Record the third antecedent cause of death from the certificate (line 1d)* |  | | |
| N2280  *(10471)* | *Duration of third antecedent cause of death (Id):* |  | | |
| N2281  *(10472)* | *Record the contributing cause(s) of death from the certificate (part 2)* |  | | |
| N2282  *(10473)* | *Duration of the contributing cause(s) of death (part 2)* |  | | |
| N2283  *(10069\_a)* | Do you have a death registration certificate from the Civil Registry?  *This refers to the legal death certificate obtained from the civil registration authorities(show image of local death certificate if available)*.  *If yes, ask:* May I see the registration card? | 1. Yes, card seen 2. Yes, card not seen 3. No registration   9. Don’t know  8. Refused to answer | | ◻***8, 2, 3 or 9 → Inst\_16*** | |
| N2284  *(10070)* | *Record the death registration number*  *Enter “NA“ if this information is not available.* | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| N2285\_check  *(10071\_check)* | Is the date of registration available | | 1. Yes 2. No | ◻ ***2 →* N2286** | |
| N2285  *(10071)* | Date of registration | | \_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_\_  (DD / MM / YYYY) | | |
| N2286  *(10072)* | Place of registration  *Enter a “-“ if this information is not available* | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| N2287  *(10073)* | 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.* | | ◻◻◻◻◻◻◻◻◻◻ | | |

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| **SECTION 13A: THE HOUSEHOLD (STILLBIRTHS AND NEONATAL DEATHS)**  *Read:* Now I would like to ask you some other questions about (yourself / the child’s mother).  *If the respondent is the mother, read “about yourself.” If the respondent is not the mother, read “…about the child’s mother.”* | | | |
| ***Inst\_16: (If Q1403 = 1 & Q1402=2) (Respondent is the child’s mother) → N2294*** | | | |
| N2291 | How old (is the child’s mother?  *If the respondent says that the mother died, then read “I’m sorry to hear that. Please tell me how old she was when she died.* | | **\_\_ \_\_** Years  *(DK = 99)* |
| N2292 | Did the child’s mother ever attend school? | 1. Yes 2. No   9. Don’t know | ◻ ***2 or 9 → N2294*** |
| N2293 | What is the highest level of school she attended? | *Grade/Year*   1. *Pre-school (01-02-03)* 2. *Literacy class (Year: 01-02-03)* 3. Primary EP1 (Grade: 01-05) 4. Primary EP2 (Grade: 06-07) 5. Secondary ESG1 (Grade: 08-10) 6. Secondary ESG2 (Grade:11-12) 7. Elementary Technical (Year: 01-03) 8. Basic Technical (Year: 01-03) 9. Mid-Level Technical (Year: 01-03) 10. Teacher Training (Year: 01-03) 11. Higher (Year: 01-07)   99. Don’t know  88. Refused to answer | ◻ |
| N2294 | What (is your / was the mother’s) main economic activity in the year prior to the child’s death?  *For example: If she had any economic activity such as worked in the field, or sold some products, then N2294 = 2 "mainly employed."* | 1. Mainly unemployed (not at work) 2. Mainly employed (at work) 3. Homemaker 4. Pensioner 5. Student 6. Other   9. Don’t know  8. Refused to answer | ◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2295 | At the time of the child’s death, (were you / was the child’s mother) married or living together with a man as if married?  *[Read “…was the child’s mother…” if the respondent is not the mother.]* | 1. Yes, married 2. Yes, living with a man 3. No, not in union 4. No, mother was deceased then   9. Don’t know | ◻***3-9 → Section 13B*** |
| N2297 | Did (your / the mother’s) (husband / partner) ever attend school?  *Read “…partner…” if she was living with a man.* | 1. Yes 2. No   9. Don’t know | ◻  ***2 or 9 → Section 13B*** |
| N2298 | What was the highest level of school he attended? | *Grade/Year*   1. *Pre-school (01-02-03)* 2. *Literacy class (Year: 01-02-03)* 3. Primary EP1 (Grade: 01-05) 4. Primary EP2 (Grade: 06-07) 5. Secondary ESG1 (Grade: 08-10) 6. Secondary ESG2 (Grade:11-12) 7. Elementary Technical (Year: 01-03) 8. Basic Technical (Year: 01-03) 9. Mid-Level Technical (Year: 01-03) 10. Teacher Training (Year: 01-03) 11. Higher (Year: 01-07)   99. Don’t know  88. Refused to answer | ◻ |
| **SECTION 13B: THE HOUSEHOLD (continued)**  ***Read:*** Now I would like to ask you some questions about (your / the mother’s) household.    *If the respondent is not the mother, read “…the mother’s…” and ask N2301–N2304 about the mother’s household.* | | | |
| N2301 | Where did (you / the mother) stay during the last days of the pregnancy?  *[Read “…the mother…” if the respondent is not the child’s mother.]* | 1. Her own home 2. Her in-law’s home 3. Her parent’s home 4. Her brother’s home 5. Other (specify)   9. Don’t know | ◻ ***9 → Inst\_17***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2304 | 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 mother stayed during the child’s illness.* | | **\_\_ \_\_** Hours  *(DK = 99)* |
| **\_\_ \_\_** Minutes  *(DK = 99)* |

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| **SECTION 14: SOCIAL CAPITAL AND HIV/AIDS QUESTIONS (STILLBIRTHS AND NEONATAL DEATHS)**  *Read*: Now, I have some questions about (your / the mother’s / your <RELATIVES’> / the mother’s <RELATIVES’>) community.  *The following questions are about the community where the mother stayed during the last days of her pregnancy (N2301). If the respondent is not the mother, read “…the mother’s…” or “…the mothers’ <RELATIVES’>...;” and ask N2311-N2313 about the mother and her community or her relatives’ community.* | | | |
| N2311 | 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. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| N2313A | (Were you / Was the mother) able to turn to any person or group in the community for help during (the pregnancy / (or) the child’s fatal illness)?  *For stillbirths, read “…the pregnancy?”*  *For neonatal deaths, read “…the pregnancy or the child’s fatal illness?”* | 1. Yes 2. No   9. Don’t know | ◻ ***2 or 9 →* Inst\_17** |
| N2313 | What persons or groups (were you / was she) 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. □\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Inst\_17: If N2016 = 1 (Stillbirth) → N2321*** | | | |
| Ncovid\_4  *(10487)* | *Read*: Now I have four last questions about the child and his/her mother.  In the two weeks before death, did the child live with or visit 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.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2315 | Was there any diagnosis by a health professional that the child had AIDS? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | ◻ |
| N2316 | (Have you / Has the child’s biological mother) ever had a positive HIV test? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| N2317  *(10446)* | Was there any diagnosis by a health professional that (you / the child’s biological mother) had HIV/AIDS? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |

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| **SECTION 15: OPEN ENDED RESPONSE & INTERVIEWER COMMENTS/OBSERVATIONS (STILLBIRTHS AND NEONATAL DEATHS)**    ***Note: This is an optional question, to be asked or not as determined by the study site.***  *(noteon)*  *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 repetitive or irrelevant to the respondent but they are very important in the COD assignment process.*  N2321 (*10476)*  *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 to correct any errors in what you wrote.* | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| ***Inst\_18: If stillbirth → End interview*** | | | | |
| N2322  *(10479)* | *Mark any of the following words that were mentioned as present in the narrative.* | 1. Asphyxia 2. Incubator 3. Lung problem 4. Preterm delivery 5. Respiratory distress 6. None of the above words mentioned   9. Don’t know | □  □  □  □  □  □  □ |

**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.* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |