***Child (4 weeks to 11 years) Verbal Autopsy and Social Autopsy (VASA) Questionnaire***

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| **SECTION 2: BACKGROUND** | | | | |
| **2.1 GENERAL DELIVERY CONTEXT (28 DAYS-11 MONTHS OLD DEATHS)** | | | | |
| C3001  *(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 | 🞎 | |
| C3006 | 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) | |
| C3008 | 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 | 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| C3009\_2  *(10363)* | At birth, was the baby smaller than usual, (weighing under 2.5 kg)?  *Show photos if available.* | 1. Yes 2. No 3. Don't know 4. Refused to answer | | 🞎 ***2,8,9 → C3009\_4*** |
| C3009\_3 | At birth, was the baby very much smaller than usual, (weighing under 1.5 kg)?  *Show photos if available.* | 1. Yes 2. No 3. Don't know 4. Refused to answer | | 🞎 ***1,2,8,9 →* C3010** |
| C3009\_4  *(10365)* | At birth, was the baby larger than usual, (weighing over 4.5 kg)?  *Show photos if available.* | 1. Yes 2. No 3. Don't know 4. Refused to answer | | 🞎 |
| C3010  *(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, 9999* ***→* C3012** |
| C3011 | *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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| **2.4 BACKGROUND (CHILD DEATHS)** | | | | |
| C3012  *(10017)* | What was the first or given name(s) of the deceased?  *Ask this only if the name is not already known (from Q1202).* | | |  |
| ***Inst\_1: child deaths 28 days-4 years →* C3021\_u**  ***Child deaths 5 – 11 years → continue with C3013*** | | | | |
| C3013 | Did s/he ever attend school? | | 1. Yes 2. No 3. Don't know 4. Refused to answer | 🞎  ***8, 2 or 9 →* C3017** |
| C3015  *(10063)* | What is the highest level of school s/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)   9. Don’t know  8. Refused to answer | 🞎 |
| C3017  *(10064)* | Was s/he able to read and write?  *Record “yes” if both or either reading or writing is known to the respondent.* | | 1. Yes 2. No 3. Don't know 4. Refused to answer | 🞎 |
| ***Inst\_2: Child deaths <9 years →*** **C3021\_u** | | | | |
| C3018  *(10065)* | What was her/his economic activity status in the year prior to death?  *For example: If s/he spent most of her/his time on any economic activity such as working in the field, or selling some products, then C3018 = 2 "mainly employed."* | | 1. Mainly unemployed (not at work) 2. Mainly employed (at work) 3. Homemaker 4. Pensioner 5. Student 6. Other *(specify)* 7. Don’t know   8. Refused to answer | 🞎 ***≠ 2 → C3021\_units***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C3018\_1  *(10066)* | What was her/his occupation, that is, what kind of work did s/he mainly do? | |  | |
| C3021u  *(10120\_unit)* | For how long was (s)he ill before death? | 1. Days 2. Months 3. Years   9. Don’t know  8. Refused to answer | | 🞎***2 →* C3021m**  ***3 →* C3021y**  ***8, 9 →* C3022** |
| C3021d  *(10120\_1)* | Enter how long the illness lasted, in days:  *Enter 0-30 days—if less than 24 hours, record “00” days. Record “99” if Don’t know,* | | | **\_\_ \_\_** Days >00 *→* C3052  *(DK = 99)* |
| C3021m  *(10121)* | Enter how long the illness lasted, in months:  *Enter 1-11 months*. *Record “99” if Don’t know.* | | | **\_\_ \_\_** Months ***→*** C3052  *(DK = 99)* |
| C3021y  *(10122)* | Enter how long the illness lasted, in years:  *Enter 1-11 years. Record “99” if Don’t know.* | | | **\_\_ \_\_** Years *→* C3052  *(DK = 99)* |
| C3022  *(10123)* | Did (s)he die suddenly?  *(“Suddenly” means within 24 hours of being in regular health.)* | 1. Yes 2. No 3. Don't know | | 🞎 |
| ***Inst\_3: Child deaths 28 days – 11 months →* C3052**  ***Child deaths 1 – 11 years →* C3101** | | | | |

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| **SECTION 6: SIGNS AND SYMPTOMS ASSOCIATED WITH THE FATAL ILLNESS (28 DAYS – 11 MONTHS OLD DEATHS)**  *Read:* Now I’d like to ask you about the pregnancy and <NAME>’s condition in the first month of life*.* | | | |
| C3052  *(10367)* | How many months long was the pregnancy before the child was born?? | | **\_\_ \_\_** Months  *(DK = 99, Ref=88)* |
| C3053 | Were there any complications in the late part of the pregnancy (defined as the last 3 months, before labor)? | 1. Yes 2. No 3. Don't know 4. Refused to answer | 🞎 |
| C3053a  *(10369)* | Were there any complications during labor or delivery? | 1. Yes 2. No 3. Don't know 4. Refused to answer | 🞎 |
| **Inst\_4: If no pregnancy complications: (C3053≠1) *→*  Inst\_5** | | | |
| C3064 | Did (you / the mother) receive care 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.* | 1. Yes 2. No 3. Don't know | 🞎 ***2 or 9 → Inst\_5*** |
| C3065 | Where did (you / she) receive this care?  *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. □  7. □  9. □ |
| **Inst\_5: If no labor/delivery complications: (C3053a≠1) *→* C3071.** | | | |
| C3066 | Did (you / she) ever 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 the symptoms” if she had more than one symptom.*  *Care includes formal or traditional care but excludes advice.* | 1. Yes 2. No 3. Don't know | 🞎***2 or 9 →* C3071** |
| C3067 | 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***  **C3071**  9. □ |
| C3069 | 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 3. Don't know | 🞎 |
| C3071 | Were there any bruises or signs of injury on the baby’s body at birth? | 1. Yes 2. No 3. Don't know 4. Refused to answer | 🞎 |
| C3072  *(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 3. Don't know 4. Refused to answer | 🞎 ***8, 2 or 9 → C3074*** |
| C3073\_1  *(10371)* | Did the baby/ child have a swelling or defect on the back at time of birth? | 1. Yes 2. No 3. Don't know 4. Refused to answer | 🞎 |
| C3073\_2  *(10372)* | Did the baby/ child have a very large head at time of birth? | 1. Yes 2. No 3. Don't know 4. Refused to answer | 🞎 ***1 → C3074*** |
| C3073\_3  *(10373)* | Did the baby/ child have a very small head at time of birth? | 1. Yes 2. No 3. Don't know 4. Refused to answer | 🞎 |
| C3073\_4 | Was there any other abnormality? | 1. Yes 2. No 3. Don't know 4. Refused to answer | 🞎 ***8, 2 or 9 → C3074*** |
| C3073\_4ot | What was the other abnormality? |  | |
| C3074 | Did the baby breathe immediately after birth, even a little? | 1. Yes 2. No 3. Don't know 4. Refused to answer | 🞎 |
| C3075 | Did the baby cry immediately after birth, even if only a little bit? | 1. Yes 2. No 3. Don't know 4. Refused to answer | 🞎 ***1 →* C3078** |
| C3076 | How long after birth did the baby first cry?  *Mark ONE response.* | 1. Within 5 minutes 2. Within 6-30 minutes 3. More than 30 minutes 4. Never   9. Don’t know  8. Refused to answer | 🞎 |
| C3078 | 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 → C3084*** |
| C3080 | 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 | 🞎 |
| **Inst\_6: If the delivery was not preterm (C3052=9,10) or**  **not in a health facility (C3006 = 3, 4, 5, 9, 8) *→* C3084** | | | |
| C3082 | *For babies delivered preterm (C3052<9 months) in a health facility (C3006= 1-2 ~~3-10~~), 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)* |
| C3084  *(10271)* | Was the baby able to suckle or bottle-feed within the first 24 hours after birth? | 1. Yes 2. No 3. Don't know 4. Refused to answer | 🞎 ***1 → C3086*** |
| C3085  *(10272)* | Did the baby ever suckle in a normal way? | 1. Yes 2. No 3. Don't know 4. Refused to answer | 🞎 ***8, 2 or 9 →C3089*** |
| C3086  *(10273)* | Did the baby stop suckling? | 1. Yes 2. No 3. Don't know 4. Refused to answer | 🞎 ***8, 2 or 9 →*** ***C3089*** |
| C3087\_units  *(10274\_units)* | How long after birth did the baby stop suckling?  *Enter 1 unit only: 0-30 days or 1-11 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | 1. Days 2. Months 3. Doesn’t know   8. Refused to answer | 🞎 ***2 → C3087\_c***  ***8 or 9 → C3089*** |
| C3087\_b  *(10274\_b)* | [Enter how long after birth the baby stopped suckling in days]  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | **\_\_ \_\_** Days ***→ C3089***  *(DK = 99)* |
| C3087\_c  *(10274\_c)* | [Enter how long after birth the baby stopped suckling in months]  *Enter 1-11 months* | | **\_\_ \_\_** Months  *(DK = 99)* |
| C3089 | During the illness that led to death, did the baby become cold to touch? | 1. Yes 2. No 3. Don't know 4. Refused to answer | 🞎 ***8, 2 or 9 → C3091*** |
| C3091  *(10275)* | Did the baby have convulsions starting in the first 24 hours of life? | 1. Yes 2. No 3. Don’t’ know   8. Refused to answer | 🞎 ***1 → C3093*** |
| C3092  *(10276)* | Did the baby have convulsions starting more than 24 hours after birth? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| C3093  *(10277)* | Did the baby’s body become stiff, with the head arched backwards? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| C3094  *(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 | 🞎 |
| C3095  *(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 | 🞎 |
| C3096 | 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 | 🞎 |

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| **SECTION 7: PREVENTIVE CARE OF CHILDREN (CHILD DEATHS)**  *Read*: Now I would like to ask you (some more questions) about the care of the child before the fatal illness began.  *For children 1-11 months old, include the words “some more questions.”* | | | | |
| **Inst\_7a: If Q1102 ≠ “1.High” *→*  Inst\_7b** | | | | |
| C3101 | | *Skip C3101in areas wo/malaria.*  Before (her / his) fatal illness began, did <NAME> sleep under an insecticide treated bed net? | 1. Yes, usually or always 2. Yes, sometimes 3. Never   9. Don’t know | 🞎 |
| **Inst\_7b: If age >1 year (>23 months) *→* C3111** | | | | |
| C3104 | | Was <NAME> ever breastfed? | 1. Yes 2. No   9. Don’t know | 🞎 ***2 or 9 → C3107*** |
| C3106 | | Was <NAME> being breastfed on the day before the fatal illness began? | 1. Yes 2. No   9. Don’t know | 🞎 ***1 → C3107*** |
| C3106A | | How old was the child when s/he stopped breastfeeding?  *Enter 1-23 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| C3107 | | On the day before the illness began, was <NAME> being given any…?  *Read all options and record “Yes,” “No” or “Don’t know” for each.* | 1. Plain water? 2. Fruit juice or juice drinks? 3. Clear broth? 4. Milk (other than breast milk)? 5. Infant formula? 6. Any other liquids?   *(Specify other liquid)*   1. Semisolid or soft foods such as yogurt, cereal or mashed vegetables? 2. Solid foods like vegetables, eggs, fish or meat? | 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. □ |
| **Inst\_7c: If age<1 year *→* C3112** | | | | |
| C3111 | | Did <NAME> ever receive any vaccinations to prevent her/him from getting diseases, including vaccinations received in a national immunization day campaign? | 1. Yes 2. No   9. Don’t know | 🞎 ***2 or 9 → C3112*** |
| *Ask the respondent to see the child’s vaccination or health card, and record the below vaccinations from the card. If there is no card or if the card is incomplete, then read as necessary:*  Please tell me if <NAME> received any of the following vaccinations: |  | |
|  | **.1** | Did <NAME> ever receive a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? | 1. Yes 2. No   9. Don’t know | 🞎 |
|  | **.2** | Did s/he ever receive oral polio vaccine, that is, about two drops in the mouth to prevent polio? | 1. Yes 2. No   9. Don’t know | 🞎***2 or 9 →*** **C3111.5** |
|  | **.3** | Did <NAME> receive the first oral polio vaccine in the first two weeks after birth or later? | 1. First two weeks after birth 2. Later   9. Don’t know | 🞎 |
|  | **.4** | How many times did <NAME> receive the oral polio vaccine? | | **\_\_ \_\_** Times  *(DK = 99)* |
|  | **.5** | Did <NAME> ever receive a DPT vaccination, that is, an injection in the thighs or buttocks, sometimes given at the same time as polio drops or a Hep B vaccination? | 1. Yes 2. No   9. Don’t know | 🞎 ***2 or 9 →* C3111.7** |
| **.6** | How many times did s/he receive a DPT vaccination? | | **\_\_ \_\_** Times  *(DK = 99)* |
| **.7** | Did <NAME> ever receive a PENTA (DPT+HepB+Hib) vaccination, that is, an injection in the thighs or buttocks instead of a Hep B or DPT vaccination, sometimes given at the same time as polio drops? | 1. Yes 2. No   9. Don’t know | 🞎***2 or 9 →* C3111.9** |
| **.8** | How many times did s/he receive a PENTA (DPT+HepB+Hib) vaccination? | | **\_\_ \_\_** Times  *(DK = 99)* |
| **.9** | Did <NAME> ever receive a pneumococcal (PCV) vaccination, that is, an injection in the shoulder or thigh at the age of 6 weeks or older? | 1. Yes 2. No   9. Don’t know | 🞎***2 or 9 →* C3111.11** |
| **.10** | How many times did s/he receive a PCV vaccination? | | **\_\_ \_\_** Times  *(DK = 99)* |
| **.11** | Did <NAME> ever receive a rotavirus (RV) vaccination, that is, a liquid medication given by putting drops in the baby’s mouth, sometimes given around the same time as polio drops or a Hep B vaccination? | 1. Yes 2. No   9. Don’t know | 🞎***2 or 9 →* C3111.13** |
|  | **.12** | How many times did s/he receive a rotavirus vaccination? | | **\_\_ \_\_** Times  *(DK = 99)* |
|  | **.13** | Did <NAME> ever receive an Inactivated polio vaccine (IPV), that is, an injection in the shoulder or thigh at the age of 6 weeks or older to prevent polio? | 1. Yes 2. No   9. Don’t know | 🞎 |
|  | **.14** | Did <NAME> ever receive a measles or MMR vaccination, that is, a shot in the arm at the age of 9 months or older, to prevent measles? | 1. Yes 2. No   9. Don’t know | 🞎***2 or 9 →* C3111A** |
|  | **.15** | How many times did s/he receive the measles or MMR vaccination? | | **\_\_ \_\_** Times  *(DK = 99)* |
| C3111A | | *Record the source of the vaccination information.* | 1. Child’s health card 2. Respondent’s recall (no health card was available or seen) 3. The health card AND respondent’s recall | 🞎 |
| C3112 | | (Before / In the six months before) the fatal illness, did <NAME> receive at least one dose of vitamin A?  *Read “Before…” if the child lived less than 6 months.*  *Show ampoule/capsule/syrup.* | 1. Yes 2. No   9. Don’t know | 🞎 |

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| **SECTION 8: SIGNS AND SYMPTOMS ASSOCIATED WITH THE FATAL ILLNESS (CHILD DEATHS)**  *Read*: Now I’d like to ask you (some more questions) about <NAME>’s illness. | | | | | | | | | | | | | | | | | | |
| C3121  *(10147)* | | During the illness that led to death, did <NAME> have a fever? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***2, 8 or 9 →* C3128** | | | |
| C3123\_units  *(10148\_units)* | | How long did the fever last?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | | | | | 🞎 ***2 →* C3123\_c**  ***8 or 9 →* C3124** | | | |
| C3123\_b  *(10148\_b)* | | [Enter how long the fever lasted in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days ***→* C3124**  *(DK = 99)* | | | |
| C3123\_c  *(10148\_c)* | | [Enter how long the fever lasted in months]:  *Enter 1-60 months* | | | | | | | | | | | | | **\_\_ \_\_** Months  *(DK = 99)* | | | |
| C3124  *(10149)* | | Did the fever continue until death? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3125  *(10150)* | | How severe was the fever? | | | | | | | | 1. Mild 2. Moderate 3. Severe   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3126  *(10151)* | | What was the pattern of the fever? | | | | | | | | 1. Continuous 2. On and off 3. Only at night   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3128  *(10269)* | | During the illness, did the child have sunken eyes? | | | | | | | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | | | | 🞎 | | | |
| C3130  *(10181)* | | Did (s)he have diarrhea?  *Ask the respondent about his/her understanding of what is diarrhea (having more frequent loose or liquid stools than usual); if unclear, explain to the respondent what is diarrhea. Diarrhea 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 →*** C3137 | | | |
| C3130\_units  *(10182\_units)* | | How long did (s)he have diarrhea?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | | | | | 🞎 ***2 →* C3130\_b**  ***8 or 9 →* C3131** | | | |
| C3130\_a  *(10182\_a)* | | Enter how long (s)he had diarrhea in days]  *Enter 0-30 days. Less than 1 day or 24 hours = 00 days; 1 week = 7 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days ***→* C3131**  *(DK = 99)* | | | |
| C3130\_b  *(10182\_b)* | | Enter how long (s)he had diarrhea in months  *Enter 1-60 months* | | | | | | | | | | | | | **\_\_ \_\_** Months  *(DK = 99)* | | | |
| C3131  *(10183)* | | How many stools did the baby or child have on the day that diarrhea was most frequent? | | | | | | | | | | | | | **\_\_ \_\_** Stools  *(DK = 99, Ref=88)* | | | |
| C3132\_units  *(10184\_units)* | | How long before death did the diarrhea start?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | | | | | 🞎 ***2 →* C3132\_c**  ***8 or 9 →* C3133** | | | |
| C3132\_b  *(10182\_b)* | | Enter how long before death the diarrhea started in days  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days ***→* C3133**  *(DK = 99)* | | | |
| C3132\_c  *(10182\_c)* | | Enter how long before death the diarrhea started in months  *Enter 1-60 months* | | | | | | | | | | | | | **\_\_ \_\_** Months  *(DK = 99)* | | | |
| C3133  *(10185)* | | Did the diarrhea continue until death? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3135  *(10186)* | | At any time during the final illness was there blood in the stools? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 → C3137*** | | | |
| C3137  *(10188)* | | During the illness that led to death, did the child vomit? | | | | | | | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | | | | 🞎***8, 2 or 9 → C3141*** | | | |
| C3138  *(10189)* | | Did s/he vomit in the week preceding death? | | | | | | | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | | | | 🞎 | | | |
| C3138\_1  *(10189\_1)* | | Did s/he vomit every time s/he ate and/or drank? | | | | | | | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | | | | 🞎 | | | |
| C3139  *(10191)* | | Did s/he vomit blood? | | | | | | | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | | | | 🞎 | | | |
| C3140  *(10192)* | | Was the vomit black? | | | | | | | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | | | | 🞎 | | | |
| C3142  *(10194)* | | Did (s)he have abdominal pain? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 →* C3146** | | | |
| C3143  *(10195)* | | Was the abdominal pain severe? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3144\_units  *(10196\_units)* | | For how long (s)he had abdominal pain?  *Enter 1 unit only: 0-23 hours, 1-30 days, or 1-60 months. Less than 1 hour = 0 hours. 1 week = 7 days.* | | | | | | | | 1. Hours 2. Days 3. Months   9. Don’t know  8. Refused to answer | | | | | 🞎 ***2 →* C3144\_a**  ***3 → C3144\_b***  ***8 or 9 → C3145*** | | | |
| C3144  *(10196)* | | [Enter how long (s)he had abdominal pain in hours]:  *Enter 0-23 hours. Less than 1 hour = 0 hours.* | | | | | | | | | | | | | **\_\_ \_\_** Hours ***→ C3145***  *(DK = 99)* | | | |
| C3144\_a  *(10197\_a)* | | Enter how long (s)he had abdominal pain in days  *Enter 1-30 days. 1 week = 7 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days ***→ C3145***  *(DK = 99)* | | | |
| C3144\_b  *(10198)* | | Enter how long (s)he had abdominal pain in months  *Enter 1-60 months.* | | | | | | | | | | | | | **\_\_ \_\_** Months  *(DK = 99)* | | | |
| C3145  *(10199)* | | Where was the location of the abdominal pain? | | | | | | | | 1. Upper right abdomen 2. Upper left abdomen 3. Lower right abdomen 4. Lower left abdomen 5. All over the abdomen 6. Doesn't know 7. Refused to answer | | | | | 🞎 | | | |
| C3146  *(10200)* | | Did s/he have a more than usually protruding abdomen? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 →* C3149** | | | |
| C3147\_unit  *(10201\_unit)* | | For how long before death did (s)he have a more than usually protruding abdomen?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | 1. Days 2. Months 3. Doesn’t know   8. Refused to answer | | | | | 🞎 ***2 → C3147\_b***  ***8 or 9 →* C3148** | | | |
| C3147\_a  *(10201\_a)* | | [Enter how long before death (s)he had a more than usually protruding abdomen in days]  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days ***→* C3148**  *(DK = 99)* | | | |
| C3147\_b  *(10202)* | | [Enter how long before death (s)he had a more than usually protruding abdomen in months] | | | | | | | | | | | | | **\_\_ \_\_** Months  *(DK = 99)* | | | |
| C3148  *(10203)* | | How rapidly did s/he develop the protruding abdomen? | | | | | | | | 1. Rapidly 2. Slowly   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3149  *(10204)* | | Did s/he have a mass in the abdomen? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 →* C3151** | | | |
| C3150\_unit  *(10205\_unit)* | | For how long did (s)he have a mass in the abdomen?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days*. | | | | | | | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | | | | | 🞎 ***2 →* C3150\_b**  ***8, 9 →* C3151** | | | |
| C3150\_a  *(10205\_a)* | | [Enter how long (s)he had a mass in the abdomen in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days ***→* C3151**  *(DK = 99)* | | | |
| C3150\_b  *(10206)* | | [Enter how long (s)he had a mass in the abdomen in months]:  *Enter 1-60 months.* | | | | | | | | | | | | | **\_\_ \_\_** Months  *(DK = 99)* | | | |
| C3151  *(10153)* | | During the illness that led to death, did the child have a cough? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***2, 8 or 9 → C3158*** | | | |
| C3152\_units  *(10154\_units)* | | For long did s/he had a cough?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | | | | | 🞎 ***2 →* C3152\_b**  ***8 or 9 →* C3153** | | | |
| C3152\_a  *(10154\_a)* | | [Enter how long s/he had a cough in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days ***→* C3153**  *(DK = 99)* | | | |
| C3152\_b  *(10154\_b)* | | [Enter how long s/he had a cough in months]:  *Enter 1-60 months* | | | | | | | | | | | | | **\_\_ \_\_** Months  *(DK = 99)* | | | |
| C3153  *(10155)* | | Was the cough productive, with sputum? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3154  *(10156)* | | Was the cough very severe? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3155  *(10158)* | | Did the child make a whooping sound when coughing? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3156 | | Did the child vomit after s/he coughed? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3157  *(10157)* | | Did s/he cough up blood? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3158  *(10159a)* | | During the illness that led to death, did <NAME> have any difficulty breathing or breathlessness? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 →* C3161** | | | |
| C3159\_units  *(10161\_unit)* | | For how long did the difficult breathing or breathlessness last?  *Enter 1 unit only: 0-30 days or 1-11 months or 1 or more years. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | 1. Days 2. Months 3. Years   9. Don’t know  8. Refused to answer | | | | | 🞎 ***2 →* C3159\_b**  ***3 →* C3159\_c**  ***8 or 9 →* C3160** | | | |
| C3159\_a  *(10161\_1)* | | [Enter how long the difficult breathing or breathlessness lasted in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days ***→* C3160**  *(DK = 99)* | | | |
| C3159\_b  *(10162)* | | [Enter how long the difficult breathing or breathlessness lasted in months]:  *Enter 1-11 months* | | | | | | | | | | | | | **\_\_ \_\_** Months ***→* C3160**  *(DK = 99)* | | | |
| C3159\_c  *(10163)* | | [Enter how long the difficult breathing or breathlessness lasted in years]:  *Enter 1 or more years* | | | | | | | | | | | | | **\_\_ \_\_** Years  *(DK = 99)* | | | |
| C3160  *(10165)* | | Was the difficulty in breathing continuous or on and off? | | | | | | | | 1. Continuous 2. On and off 3. Don’t know   8. Refused to answer | | | | | 🞎 | | | |
| C3161  *(10166)* | | During the illness that led to death, did <NAME> have fast breathing? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 →*** ***C3166*** | | | |
| C3162 | | At what age did the fast breathing start?  *[Less than 24 hours = “00” days]*  *Record in days if less than 1 month, or in months if 1-11 months, or in years if 12 months or more.* | | | | | | | | | | | | | **\_\_ \_\_** Days  *(DK = 99)* | | | |
| **\_\_ \_\_** Months  *(DK = 99)* | | | |
| **\_\_ \_\_** Years  *(DK = 99)* | | | |
| C3163\_units  *(10167\_units)* | | How long did the fast breathing last?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | | | | | 🞎 ***2 →* C3163\_b**  ***8 or 9 →* C3166** | | | |
| C3163\_a  *(10167\_b)* | | [Enter how long the fast breathing lasted in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days ***→* C3166**  *(DK = 99)* | | | |
| C3163\_b  *(10167\_c)* | | [Enter how long the fast breathing lasted in months]:  *Enter 1-60 months* | | | | | | | | | | | | | **\_\_ \_\_** Months  *(DK = 99)* | | | |
| C3166  *(10172)* | | *Ask this only for children <5 years:*  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 | | | | | 🞎 | | | |
| C3167  *(10173\_nc0)* | | During the illness that led to death, did her/his breathing sound like any of the following?  *Demonstrate each sound.* | | | | | | | |  | | | | |  | | | |
| C3168  *(10173\_nc1)* | | Stridor | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3169  *(10173\_nc2)* | | Grunting | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3170  *(10173\_nc3)* | | Wheezing | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3171  *(10174)* | | Did s/he have chest pain? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 →* C3173** | | | |
| C3172  *(10176)* | | How many days before death did s/he have chest pain?  *Less than 1 day = “00” days.* | | | | | | | | | | | | | **\_\_ \_\_** Days  *(DK = 99, Ref=88)* | | | |
| C3173  *(10207)* | | Did <NAME> have a severe headache? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3174  *(10208a)* | | Did <NAME> have a stiff or painful neck during the illness that led to death? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 →* C3176** | | | |
| C3175\_units  *(10209\_units)* | | How long before death did s/he have a stiff or painful neck?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | | | | | 🞎 ***2 →* C3175\_b**  ***8 or 9 →* C3176** | | | |
| C3175\_a  *(10209\_a)* | | [Enter how long before death did (s)he have stiff or painful neck in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days ***→* C3176**  *(DK = 99)* | | | |
| C3175\_b  *(10209\_b)* | | [Enter how long before death did (s)he have stiff or painful neck in months]:  *Enter 1-60 months* | | | | | | | | | | | | | **\_\_ \_\_** Months  *(DK = 99)* | | | |
| C3178  *(10214)* | | Was <NAME> unconscious during the illness that led to death? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 →* C3182** | | | |
| C3179\_units  *(10216\_units)* | | How long before death did unconsciousness start?  *Enter 1 unit only: 0-23 hours or 1-99 days. 1 week = 7 days.* | | | | | | | | 1. Hours 2. Days   9. Don’t know  8. Refused to answer | | | | | 🞎 ***2 →* C3179\_b**  ***8 or 9 →* C3180** | | | |
| C3179\_a  *(10216\_a)* | | [Enter how long before death unconsciousness started in hours]:  *Enter 0-23 hours* | | | | | | | | | | | | | **\_\_ \_\_** Hours ***→* C3180**  *(DK = 99)* | | | |
| C3179\_b  *(10216\_b)* | | [Enter how long before death unconsciousness started in days]:  *Enter 1-98 days* | | | | | | | | | | | | | **\_\_ \_\_** Days  *(DK = 99)* | | | |
| C3180  *(10217)* | | Did the unconsciousness start suddenly, quickly (at most within a single day)? | | | | | | | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | | | | 🞎 | | | |
| C3181 | | Did the unconsciousness continue until death? | | | | | | | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | | | | 🞎 | | | |
| C3183  *(10220)* | | Did s/he experience any generalized convulsions during the illness that led to death? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3185  *(10222)* | | Did s/he become unconscious immediately after the convulsion? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3186\_1  *(10223)* | | Did the child have any urine problem? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 →* C3189** | | | |
| C3186  *(10226)* | | During the fatal illness, did s/he ever pass blood in the urine? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3187  *(10224)* | | Did s/he stop urinating? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3191  *(10230)* | | Did s/he have an ulcer on the foot? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 → C3189*** | | | |
| C3192  *(10231)* | | Did the ulcer on the foot have pus? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎***8, 2 or 9 → C3189*** | | | |
| C3193\_units  *(10232\_units)* | | How long did the ulcer on the foot have pus?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | | | | | 🞎 ***2 →* C3193\_b**  ***8 or 9 →* C3194** | | | |
| C3193\_a  *(10232\_a)* | | [Enter how long the ulcer on the foot had pus, in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days ***→* C3194**  *(DK = 99)* | | | |
| C3193\_b  *(10232\_b)* | | [Enter how long the ulcer on the foot had pus, in months]:  *Enter 1-60 months* | | | | | | | | | | | | | **\_\_ \_\_** Months  *(DK = 99)* | | | |
| C3189  *(10227)* | | Did s/he have ulcers or sores anywhere else on the body? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 → C3194*** | | | |
| C3190  *(10229)* | | Did the ulcers or sores have pus? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3194  *(10233)* | | During the month before s/he died, did <NAME> have a skin rash? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 →* C3198** | | | |
| C3195\_a  *(10235)* | | Where was the rash? | | | | | | | | 1. Face 2. Trunk/Abdomen 3. Extremities 4. Everywhere   9. Don’t know  8. Refused to answer | | | | | 1. □  2. □  3. □  4. □  9. □  8. □ | | | |
| C3195 | | Where did the rash start? | | | | | | | | 1. Face 2. Trunk/Abdomen 3. Extremities 4. Everywhere   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3196  *(10234)* | | For how many days did (s)he have the skin rash?  *Less than 1 day or 24 hours = 0 days; 1 week = 7 days; 1 month = 30 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days  *(DK = 99, Ref=88)* | | | |
| C3197  *(10236)* | | Did s/he have a measles rash (use local term)? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3198  *(10240)* | | During the illness that led to death, did the child have an area(s) of skin with redness and swelling? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3199  *(10243)* | | Did <NAME> have noticeable weight loss?  *[hint: limbs (legs, arms) become very thin]* | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3199\_1  *(10244)* | | Was s/he severely thin or wasted?  *[Show photo]* | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3200  *(10249)* | | During the illness that led to death, did <NAME> have swollen legs or feet? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 → C3203*** | | | |
| C3201\_units  *(10250\_units)* | | How long did the swelling last?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | | | | | 🞎***2 →* C3201\_b**  **8, 9 *→* C3202** | | | |
| C3201\_a  *(10250\_a)* | | [Enter how long the swelling lasted in days]  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days**→ C3202**  *(DK = 99)* | | | |
| C3201\_b  *(10250\_b)* | | [Enter how long the swelling lasted in months]  *Enter 1-60 months.* | | | | | | | | | | | | | **\_\_ \_\_** Months  *(DK = 99)* | | | |
| C3202  *(10251)* | | Did s/he have both feet swollen? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3203  *(10247)* | | Did s/he have puffiness of the face? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 →*** ***C3205*** | | | |
| C3204\_units  *(10248\_units)* | | How long did s/he have puffiness of the face?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | | | | | 🞎***2 →* C3204\_b**  **8, 9 *→* C3205** | | | |
| C3204\_a  *(10248\_a)* | | [Enter how long (s)he had puffiness of the face in days]  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days ***→* C3205**  *(DK = 99)* | | | |
| C3204\_b  *(10248\_b)* | | [Enter how long (s)he had puffiness of the face in months]  *Enter 1-60 months.* | | | | | | | | | | | | | **\_\_ \_\_** Months  *(DK = 99)* | | | |
| C3205  *(10252)* | | Did (s)he have general swelling of the body? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3206  *(10238)* | | During the illness that led to death, did <NAME>’s skin flake off in patches? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3207  *(10265)* | | Did s/he have yellow discoloration of the eyes? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 →* C3209** | | | |
| C3208\_units  *(10266\_units)* | | For how long did s/he have the yellow discoloration?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | | | | | 🞎***2 →* C3208\_b**  **8, 9 *→* C3209** | | | |
| C3208\_a  *(10266\_a)* | | [Enter how long the yellow discoloration lasted in days]  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days ***→* C3209**  *(DK = 99)* | | | |
| C3208\_b  *(10266\_b)* | | [Enter how long the yellow discoloration lasted in months]  *Enter 1-60 months.* | | | | | | | | | | | | | **\_\_ \_\_** Months  *(DK = 99)* | | | |
| C3209  *(10267)* | | Did <NAME>’s hair change in color to a reddish or yellowish color? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3210  *(10268)* | | Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail bed? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3212  *(10255)* | | Did s/he have any lumps on the neck? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3213  *(10256)* | | Did s/he have any lumps on the armpit? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3214  *(10257)* | | Did s/he have any lumps on the groin? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3215  *(10246)* | | Did s/he have stiffness of the whole body or was unable to open the mouth? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3216  *(10258)* | | Was s/he in any way paralyzed? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 →* C3219** | | | |
| C3217  *(10259)* | | Did s/he have paralysis of only one side of the body? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3218  *(10260)* | | Did s/he have paralysis of both legs? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3219  *(10261a)* | | Did s/he have difficulty or pain in swallowing? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 ***8, 2 or 9 →* C3223** | | | |
| C3220\_units  *(10262\_units)* | | For how long did s/he have difficulty or pain in swallowing?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | | | | | 🞎***2 →* C3220\_b**  **8, 9 *→* C3221** | | | |
| C3220\_a  *(10262\_a)* | | [Enter how long before death (s)he had difficulty or pain in swallowing in days]  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | | | | | | | | | | **\_\_ \_\_** Days***→* C3221**  *(DK = 99)* | | | |
| C3220\_b  *(10262\_b)* | | [Enter how long before death (s)he had difficulty or pain in swallowing in months]  *Enter 1-60 months.* | | | | | | | | | | | | | **\_\_ \_\_** Months  *(DK = 99)* | | | |
| C3220\_c  *(10262\_c* | | Did swallowing become impossible? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | |  | | | |
| C3223  *(10245)* | | During the illness that led to death, did <NAME> have a whitish rash inside the mouth or on the tongue? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3225  *(10242)* | | Did s/he bleed from the nose, mouth or anus? | | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | 🞎 | | | |
| C3226  *(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 | | | | | 🞎 | | | |
| **Injuries and Accidents**  *Read:*Now, I’d like to ask you about any injuries or accidents that <NAME> may have suffered. | | | | | | | | | | | | | | | | | | |
| C3227  *(10077)* | | Did <NAME> suffer from any injury or accident that led to her/his death? | | | | | | | | 1. Yes 2. No 3. Don't know 4. Refused to answer | | | | | 🞎 ***2 → C3250*** | | | |
| C3227\_1  *(10079)* | | Was it a road transport injury? | | | | | | | | 1. Yes 2. No 3. Don't know 4. Refused to answer | | | | | 🞎 ***1 → C3227\_20*** | | | |
| C3227\_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 3. Don’t know   8. Refused to answer | | | | | 🞎 ***1 → C3227\_20*** | | | |
| C3227\_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 3. Don’t know   8. Refused to answer | | | | | 🞎 ***1 → C3227\_20*** | | | |
| C3227\_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 3. Don’t know   8. Refused to answer | | | | | 🞎 ***1 → C3227\_20*** | | | |
| C3227\_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 3. Don’t know   8. Refused to answer | | | | | 🞎 ***1 → C3227\_20*** | | | |
| C3227\_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 3. Don’t know   8. Refused to answer | | | | | 🞎 ***1 →* C3227\_10** | | | |
| C3227\_9  *(10087)* | | Was (s)he injured by an animal or insect (non-venomous)? | | | | | | | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | | | | 🞎 ***8, 2 or 9→* C3227\_11** | | | |
| C3227\_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 → C3227\_20*** | | | |
| C3227\_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 3. Don’t know   8. Refused to answer | | | | | 🞎 ***1 → C3227\_20*** | | | |
| C3227\_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 → C3227\_20*** | | | |
| C3227\_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 3. Don’t know   8. Refused to answer | | | | | 🞎***1 → C3227\_20*** | | | |
| C3227\_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 3. Don’t know   8. Refused to answer | | | | | 🞎***1 → C3227\_20*** | | | |
| C3227\_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 3. Don’t know   8. Refused to answer | | | | | 🞎***1 → C3227\_20*** | | | |
| C3227\_17  *(10095)* | | Was (s)he injured by a force of nature? | | | | | | | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | | | | 🞎***1 → C3228\_*** | | | |
| C3227\_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 3. Don’t know   8. Refused to answer | | | | | 🞎***1 → C3227\_20*** | | | |
| C3227\_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 3. Don’t know   8. Refused to answer | | | | | 🞎 | | | |
| C3227\_20  *(10098)* | | Was the injury accidental? | | | | | | | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | | | | 🞎 ***1 → C3228*** | | | |
| C3227\_21  *(10099)* | | Was the injury self-inflicted? | | | | | | | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | | | | 🞎 ***1 → C3228*** | | | |
| C3227\_22  *(10100)* | | Was the injury intentionally inflicted by someone else? | | | | | | | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | | | | 🞎 | | | |
| C3228  *(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)* | | | |
| **SECTION 10: CARE-SEEKING FOR THE FATAL ILLNESS (CHILD DEATHS)**  ***Read:*** Now, I’d like to ask you about <NAME>’s fatal illness and the care and treatments that s/he received. | | | | | | | | | | | | | | | | | | |
| C3250 | Where was <NAME> when her/his fatal illness began?  *Responses 2 and 3 are for 28 day-11 month olds whose illness began after the birth, before the SBA/TBA left the child’s home, the child left the SBA/TBA’s home or the child left the delivery facility.* | | | | | | | For all children:   1. Home or community (not with a skilled birth attendant [SBA], such as a midwife, or a traditional birth attendant [TBA])   For 28 day-11 month olds only:   1. Home (with an SBA or TBA) 2. Delivery facility   For all children:   1. Other *(specify)*   9. Don’t know | | | | | | | 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| C3251 | 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? | | | | | | | Nrml Mod Svr DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □ | | | |
| C3252 | 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 & C3250 = 2 →* C3253A**  ***2 & C3250 = 1, 4 →* C3254A**  ***2 & C3250 = 3 →* C3262A**    ***9 →* C3351** | | | |
| C3253 | 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.*  *(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. For action row 1 for 28 day-11-month-olds 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 C3250=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)** |
| **# 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** | | **This is the delivery facility** | | **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 | 🞎 | | 🞎 | 🞎 | | 🞎 | | | 🞎 | | 🞎 | 🞎 | |  | |  | |  |
| ***Inst\_8a: If 28 days-11 months old and C3250 = 3 (illness began at health facility where the child was delivered)***  ***BUT***  ***C3253\_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) →* C3262A** | | | | | | | | | | | | | | | | | | |
| ***Inst\_8b: If 28 days-11 months old and C3250 = 3 (Illness began at health facility where the child was delivered)***  ***AND***  ***C3253\_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) → C3261A*** | | | | | | | | | | | | | | | | | | |
| ***Inst\_9: If 28 days-11 months old and C3250 = 1, 4, 9***  ***(Illness did not begin at home with an SBA/TBA or at the delivery facility)***  ***OR if >11 months old → C3254A*** | | | | | | | | | | | | | | | | | | |
| C3253A | *Ask C3253A only if 28 days-11 months old and illness began at home with an SBA or TBA (C3250=2).*  Did the SBA/TBA refer <NAME> to a health facility? | | | | | | | 1. Yes 2. No   9. Don’t know | | | | | | | 🞎 ***2 → C3253D*** | | | |
| C3253B | 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 6. Don’t know | | | | | | | 🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | | |
| C3253C | Did the SBA/TBA arrange transportation for <NAME> to reach the referral facility? | | | | | | | 1. Yes 2. No 3. Don't know | | | | | | | 🞎 | | | |
| C3253D | Was <NAME> alive when he/she left the SBA/TBA? | | | | | | | 1. Yes, left alive 2. No, died at this provider | | | | | | | 🞎 ***2 → C3351*** | | | |
| C3254A | Please tell me, who was involved in the decision about whether, when and where to take the child 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. □ ***→* C3255** | | | |
| C3254B | 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 | | | | | | | 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| C3255 | 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\_10a*** | | | |
| C3256 | 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 him/her 3. Too much time 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. Other *(specify)*   99. Don’t know | | | | | | | 1. □  2. □  3. □  4. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. □  6. □  7. □  8. □  9. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10. □  11. □  12. □  13. □  14. □  15. □  16. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  99. □ | | | |
| ***Inst\_10a: If C3252 = 2 (No care given or sought) → C3351***  ***Inst\_10b: If C3253 ≠ “Health provider” (Never took to a health provider) → C3287***  ***(If C3250=2 (28 day-11 month old delivered at home with an SBA/TBA),***  ***then “Health provider” does not include “CHW, nurse or midwife” in C3253 action row 1)*** | | | | | | | | | | | | | | | | | | |
| C3257 | *Refer to C3253 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 | | | | | | | | C3258  Nrml Mod Svr DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □ | | | | C3268  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 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 6. Don’t know | | | | | | | | C3259  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | | | C3269  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of  Provider/Facility) | |
| *For health care at a facility (C3259/C3269 = 1-4, 6-9, 11), ask:* Did <NAME> reach the <FIRST/LAST HEALTH PROVIDER> before s/he died?  *For health care outside a facility (C3259 = 5, 10), 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 | | | | | | | | C3260  🞎 ***2 →* C3287**  ***3, 9 → Inst\_11*** | | | | C3270  🞎 ***2-9 → Inst\_12*** | |
| 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 (C3259 = 5, 10).*  *Mark hours &/or minutes as needed: e.g. 02 hours, 10 minutes.* | | | | | | | | | | | | | C3261  **\_\_ \_\_** Hours  *(DK = 99)* | | | |  | |
| **\_\_ \_\_** Minutes  *(DK = 99)* | | | |  | |
| How long after (the illness began / arriving at <FIRST/LAST HEALTH PROVIDER>) did <NAME> first receive care?  *Mark hours &/or minutes as needed: e.g., 02 hours, 10 minutes.*  *For C3261A, read “…after the illness began…” if the child’s illness began at the delivery facility.*  ***Skip instructions for C3261A:***  *If illness began at the delivery facility and C3006 ≠ 1,2 (Hospital, Health center, Clinic) →* C3263  *If illness did not begin at delivery facility & C3259 ≠ 1,2,7,8 (Hospital, Health center, Clinic) →* C3263 | | | | | | | | | | | | | C3261A  **\_\_ \_\_** Hours  *(DK = 99)* | | | | C3271A  **\_\_ \_\_** Hours  *(DK = 99)* | |
| **\_\_ \_\_** Minutes  *(DK = 99)* | | | | **\_\_ \_\_** Minutes  *(DK = 99)*  ***C3269 ≠ 1,2,7,8 (Hospital, Health center, Clinic)***  ***→* C3273** | |
| 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.* | | | | | | | | | | | | | C3262A  **\_\_ \_\_** Days  *(DK = 99)* | | | | C3272A  **\_\_ \_\_** 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 | | | | | | | | C3263  🞎 ***2 or 9 →* C3266** | | | | C3273  🞎 ***2 or 9 →* C3276** | |
| 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 6. Don’t know | | | | | | | | C3264  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | | | C3274  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (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 | | | | | | | | C3265  🞎 | | | | C3275  🞎 | |
| Did <NAME> leave the <FIRST/LAST HEALTH PROVIDER> alive? | | | | | 1. Yes, left alive 2. No, died at this provider | | | | | | | | C3266  🞎  ***2 → Inst\_13*** | | | | C3276  🞎  ***2 → Inst\_12*** | |
| 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 | | | | | | | | C3267  Nrml Mod Svr DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □  ***→ Inst\_11*** | | | | C3277  Nrml Mod Svr DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □  ***→ Inst\_12*** | |
| ***Inst\_11: Check C3253→ If taken to another health provider…*** | | | | | | | | | | | | | ***→* C3268**  ***(LAST PROVIDER)*** | | | |  | |
| ***Inst\_12: If C3263 = 1 (referred) or C3273 = 1 (referred) → continue with C3278.***  ***Otherwise → Inst\_13*** | | | | | | | | | | | | | | | | | | |
| C3278 | 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 3. Don't know | | | | | | | | 🞎 | | | |
| C3279 | 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 3. Don't know | | | | | | | | 🞎 ***2 or 9 → Inst\_13*** | | | |
| C3280 | What were the main problems you had?  *Prompt:* Was there anything else?  *Multiple answers allowed.* | | | | | | 1. Thought no more care was 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 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 cathing 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\_13: If C3006 = 1,2 (born at a health facility) OR***  ***C3259, C3269, C3264 or C3274 = 1-4, 6-9 or 11 (seen/sought care at any health facility) → continue with C3284;***  ***Otherwise → C3287)*** | | | | | | | | | | | | | | | | | | |
| C3284 | 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 | | | | | | | | 🞎 | | | |
| C3285 | 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 | | | | | | | | 🞎 | | | |
| C3286 | 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 | | | | | | | | 🞎 | | | |
| C3287 | 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 | | | | | | | | 🞎 | | | |
| C3288 | How many days after (<LAST ACTION C3253> / leaving the first/last health provider) did <NAME> die? | | | | | | | | | | | | | | **\_\_ \_\_** Days  *(<1 = 00; DK = 99)* | | | |
| ***Inst\_14: If C3253 ≠ “Health Provider” (Never took to a health provider) → C3351***  ***(If C3250=2 (28 days-11 months old delivered at home with a birth attendant),***  ***then “Health provider” does not include “CHW, nurse or midwife” in C3253 action row 1)*** | | | | | | | | | | | | | | | | | | |

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| **SECTION 11A/B: TREATMENTS RECEIVED AND MEDICAL HISTORY DURING THE FATAL ILLNESS**  Explain to the respondent that the following questions are about treatments that the child may have received during the final illness. | | | |
| C3301  *(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 → C3304*** |
| C3302\_1  *(10419)* | Did (s)he receive oral rehydration salts? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3302\_2  *(10420)* | Did (s)he receive intravenous fluids (drip) treatment? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3302\_3  *(10421)* | Did (s)he receive a blood transfusion? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3302\_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 | 🞎 |
| C3302\_5  *(10423)* | Did (s)he receive injectable antibiotics? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3302\_6  *(10424)* | Did (s)he receive antiretroviral therapy (ART)? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3302\_7  *(10425)* | Did (s)he have an operation for the illness? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎***8, 2 or 9 → C3304*** |
| C3303  *(10426)* | Did s/he have the operation within 1 month before death? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| Explain to the respondent that the following section contains a series of questions on whether diagnosis from a health professional was obtained for a number of illnesses. Clarify that the aim of this series is on medical diagnosis of specific illnesses, and not on signs and symptoms or the perceived cause of death by the respondent. | | | |
| C3310\_1  *(10130)* | During the final illness, did a health professional diagnose dengue fever?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3310\_2  *(10131)* | During the final illness, did a health professional diagnose measles?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3310\_3  *(10125)* | During the final illness, did a health professional diagnose tuberculosis?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3310\_4  *(10134)* | During the final illness, did a health professional diagnose diabetes?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3310\_5  *(10135)* | During the final illness, did a health professional diagnose asthma?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3310\_6  *(10136)* | During the final illness, did a health professional diagnose epilepsy?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3310\_7  *(10143)* | Recently or during the final illness, did a health professional diagnose kidney disease?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3310\_8  *(10144)* | Recently or during the final illness, did a health professional diagnose liver disease?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3310\_9  *(10133)* | During the final illness, did a health professional ever diagnose heart disease?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3310\_10  *(10137)* | During the final illness, did a health professional ever diagnose cancer?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3310\_11  *(10142)* | During the final illness, did a health professional ever diagnose sickle cell disease?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3310\_12  *(10132)* | During the final illness, did a health professional diagnose high blood pressure?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| C3311  *(10128)* | Did the deceased have a recent positive test by a health professional for malaria?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***1 →* C3313** |
| C3312  *(10129)* | Did the deceased have a recent negative test by a health professional for malaria?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| Ccovid\_1  *(10482)* | Was there any diagnosis by a health professional of COVID-19? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| Ccovid\_2  *(10483)* | Did s(h)e have a recent test for COVID-19? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 →* C3313** |
| Ccovid\_3  *(10484)* | What was the result? | 1. Positive 2. Negative 3. Unclear   9. Don’t know  8. Refused to answer |  |
| C3313  *(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 →* C3351** |
| C3314  *(10436)* | What did the health worker say? | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |

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| **SECTION 12: DEATH CERTIFICATE AND CIVIL REGISTRATION (CHILD DEATHS)** | | | |
| C3351  *(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 →* C3363** |
| C3352  *(10463)* | Can I see the medical certificate of cause of death? | 1. Yes 2. No | 🞎 ***2 →* C3363** |
| C3353  *(10464)* | *Record the immediate cause of death from the certificate (line 1a)]* |  | |
| C3354  *(10465)* | *Duration of the immediate cause of death (Ia)* |  | |
| C3355  *(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). |  | |
| C3356  *(10467)* | *Duration of the first antecedent cause of death (Ib)* |  | |
| C3357  *(10468)* | *Record the second antecedent cause of death from the certificate (line 1c)* |  | |
| C3358  *(10469)* | *Duration of second antecedent cause of death (Ic):* |  | |
| C3358  *(10470)* | *Record the third antecedent cause of death from the certificate (line 1d)* |  | |
| C3359  *(10471)* | *Duration of third antecedent cause of death (Id):* |  | |
| C3360  *(10472)* | *Record the contributing cause(s) of death from the certificate (part 2)* |  | |
| C3361  *(10473)* | *Duration of the contributing cause(s) of death (part2)* |  | |
| C3363  *(10069\_a)* | Do you have a Death 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 → C3401*** |
| C3364  *(10070)* | *Record the death registration number*  *Enter “NA“ if this information is not available.* | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C3365  *(10071\_check)* | Is the date of registration available? | 1. Yes 2. No | 🞎 ***2 →* C3367** |
| C3366  *(10071)* | Date of registration | | \_\_\_/ \_\_\_/ \_\_\_\_\_\_\_  (DD/MM/YYYY) |
| C3367  *(10072)* | Place of registration  *Enter a “-“ if this information is not available.* | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C3368  *(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 (CHILD 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\_15: If Q1403 = 2 (Respondent is the child’s mother) → C3404*** | | | |
| C3401 | How old (is the child’s mother / was the child’s mother when she died)?  *Check C3003: If the mother died, read “How old was the child’s mother when she died?”* | | \_\_ \_\_ Years  *(DK = 99)* |
| C3402 | Did the child’s mother ever attend school? | 1. Yes 2. No   9. Don’t know | 🞎 ***2 or 9 → C3404*** |
| C3403 | 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 | 🞎 |
| C3404 | 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 C3404 = 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 | 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C3405 | 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 | 🞎 |
| **SECTION 13B: THE HOUSEHOLD (continued)**  ***Read:*** Now I would like to ask you some questions about your household.    *Always read “…your…” and ask C3411–C3414 about the respondent’s household.* | | | |
| C3411 | Where did you stay during the child’s fatal illness? | 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 → C3454***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C3414 | 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 caregiver stayed during the child’s illness.* | | \_\_ \_\_ Hours  *(DK = 99)* |
| \_\_ \_\_ Minutes  *(DK = 99)* |

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| **SECTION 14: SOCIAL CAPITAL AND HIV/AIDS QUESTIONS (CHILD DEATHS)**  *Read*: Now, I have some questions about (your / your <RELATIVES’>) community.  *The following questions are about the community where the respondent stayed during the child’s fatal illness (C3411). Read either “…your…” or “…your <RELATIVES’>…;” and ask C3451–* *C3453 about the respondent and her/his community or her/his relatives’ community.* | | | |
| C3451 | 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. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C3453A | Were you able to turn to any person or group in the community for help during the child’s fatal illness)? | 1. Yes 2. No   9. Don’t know | 🞎 ***2 or 9 →* C3454** | |
| C3453 | What people or groups were you 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. □\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ccovid\_4  *(10487)* | *Read:* Now I have five last questions about the child and the child’s 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 | ◻ |
| C3454  *(10126)* | Did the child ever have a positive HIV test? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| C3455  *(10127)* | 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 | 🞎 |
| C3456 | Did (you / the child’s biological mother) ever have a positive HIV test? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| C3457  *(10446)* | Was there any diagnosis by a health professional that (you / the child’s biological mother) had HIV/AIDS? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |

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| **SECTION 15: OPEN ENDED RESPONSE & INTERVIEWER COMMENTS/OBSERVATIONS (CHILD DEATHS)**    ***Note: This is an optional question, to be asked or not as determined by the study site.***  *(note)*  *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.*  C3471 (*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.* | | | |
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| C3472  *(10478)* | *Mark any of the following words that were mentioned as present in the narrative.* | 1. Abdomen 2. Cancer 3. Dehydration 4. Dengue fever 5. Diarrhea 6. Fever 7. Heart problem 8. Jaundice (yellow skin or eyes) 9. Pneumonia 10. Rash 11. None of the above words were mentioned   99. DK | □  □  □  □  □  □  □  □  □  □  □  □ |

**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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