**Adult (12+years old) Verbal Autopsy and Social Autopsy (VASA) Questionnaire**

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| **SECTION 2: BACKGROUND** | | | |
| **2.4 BACKGROUND and GENERAL SIGNS AND SYMPTOMS (ADULT DEATHS)** | | | |
| A4001  *(10017)* | What was the first or given name(s) of the deceased?  *Ask this only if the name is not already known (from Q1202).* | |  |
| A4002  *(10059)* | What was her/his marital status?  *Life partner is defined here as living with someone for a long time without ever having married.* | 1. Single  2. Married  3. Life-partner  4. Divorced  5. Widowed  6. Too young to be married  9. Don’t know  8. Refused to answer | ◻ |
| A4003 | Did s/he ever attend school? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* A4006** |
| A4004  *(10063)* | What is the highest level of school she/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 | ◻ |
| A4006  *(10064)* | Was s/he able to read and/or write?  *This question is aimed at measuring literacy (i.e. not disability), if the deceased learned to read and/or write in her/his lifetime.*  *Record “yes” if both or either reading or writing is known to the respondent.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4007  *(10065)* | What was her/his economic activity status in the year prior to death?  *The deceased might have had several activities. Choose the one that was probably true for most of the year preceding illness and 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 A4007 = 2 "mainly employed."* | 1. Mainly unemployed (not at work) 2. Mainly employed (at work) 3. Homemaker 4. Pensioner 5. Student 6. Other  *(specify)*   9. Don’t know  8. Refused to answer | ◻***≠ 2 → A4008***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A4007\_1  *(10066)* | What was her/his occupation, that is, what kind of work did s/he mainly do? |  | |
| A4008  *(10411)* | Did <NAME> drink alcohol? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4009  *(10413)* | Did s/he ever smoke tobacco?  *To clarify, the series inquire about tobacco consumption at any period during life (i.e. not only the current status before death)* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻**2, 9, 8 *→* A4013u** |
| A4009a  *(10413\_a)* | For how long did s/he smoke tobacco?  *If deceased smoked for less than 1 month, enter 1 month as duration for the VA interview* | 1. Months 2. Years 3. Don’t know 4. Refused to answer | ◻**9, 8 *→* A4009\_b** |
| A4009\_d  *(10413\_d)* | How many (months/years)? | | **\_\_ \_\_** Months  *(DK = 99)* |
| **\_\_ \_\_** Years  *(DK = 99)* |
| A4009\_b  *(10413\_b)* | Did s/he ever smoke daily? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4010  *(10414)* | Did s/he ever chew and/or sniff tobacco?  *To clarify, the series inquire about tobacco chewing and/or sniffing at any period during life (i.e. not only the current status before death).* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***2,8, 9 →* A4013u** |
| A4010\_a  *(10414\_a)* | For how long did s/he chew and/or sniff tobacco? | 1. Months 2. Years   9. Don’t know  8. Refused to answer | ◻**9, 8 *→* A4014\_b** |
| A4010\_d  *(10414\_d)* | How many (months/years)? | | **\_\_ \_\_** Months  *(DK = 99)* |
| **\_\_ \_\_** Years  *(DK = 99)* |
| A4010\_b  *(10414\_b)* | Did s/he ever chew and/or sniff tobacco daily?  *The question intends to know if there was ever a period in the life of the deceased when (s)he was chewing and/or sniffing tobacco daily - even if it was not continuous or if the deceased was not chewing and/or sniffing in the period leading to death.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4013u  *(10120\_unit)* | For how long was (s)he ill before death? | 1. Days 2. Months 3. Years 4. Don’t know   8. Refused to answer | ◻***2 →* A4013m**  ***3 →* A4013y**  ***8, 9 →* A4014** |
| A4013d  *(10120\_1)* | Enter how long the illness lasted, in days:  *Enter 0-30 days. Less than 24 hours = 0 days. Record “99” if Don’t know.* | | **\_\_ \_\_** Days if >00 ***→*** A4051  *(DK = 99)* |
| A4013m  *(10121)* | Enter how long the illness lasted, in months:  *Enter 1-11 months. Record “99” if Don’t know.* | | **\_\_ \_\_** Months ***→*** A4051  *(DK = 99)* |
| A4013y  *(10122)* | Enter how long the illness lasted, in years:  *Enter years. Record “99” if Don’t know.* | | **\_\_ \_\_** Years***→*** *A4051*  *(DK = 99)* |
| A4014  *(10123)* | Did (s)he die suddenly?  *(“Suddenly” means within 24 hours of being in regular health”)* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |

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| **SECTION 9: SIGNS AND SYMPTOMS FOR ADULTS DEATHS (12 years and above)**  *Read: Now I’d like to ask you about <NAME>’s illness.* | | | |
| A4051  *(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 | ◻ ***8, 2 or 9 → A4058*** |
| A4052\_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 →* A4052\_c**  ***8 or 9 →* A4053** |
| A4052\_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 ***→* A4053**  *(DK = 99)* |
| A4052\_c  *(10148\_c)* | [Enter how long the fever lasted in months]:  *Enter 1-60 months* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4053  *(10149)* | Did the fever continue until death? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4054  *(10150)* | How severe was the fever? | 1. Mild 2. Moderate 3. Severe   9. Don’t know  8. Refused to answer | ◻ |
| A4055  *(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 | ◻ |

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| A4058  *(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 ~~→~~* A4060** |
| A4059\_units  *(10182\_units)* | How long did diarrhea 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 →* A4059\_b**  ***8 or 9 →* A4060** |
| A4059\_a  *(10182\_a)* | [Enter how long (s)he had diarrhea in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | **\_\_ \_\_** Days ***→* A4060**  *(DK = 99)* |
| A4059\_b  *(10182\_b)* | [Enter how long (s)he had diarrhea in months]:  *Enter 1-60 months* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4060  *(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 | ◻ ***8, 2 or 9 →* A4062** |
| A4062  *(10188)* | During the illness that led to death, did the deceased vomit? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4063  *(10189)* | Did s/he vomit in the week preceding death? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | ◻***8, 2 or 9 and A4062 = 1***  ***→ A4064\_1***  ***8, 2 or 9 and A4062*** ≠ ***1***  ***→ A4066*** |
| A4064\_units  *(10190\_units)* | How long before death did s/he vomit?  *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 →* A4064\_b**  ***8 or 9 →* A4064\_1** |
| A4064\_a  *(10190\_a)* | [Enter how long before death s/he vomited in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | **\_\_ \_\_** Days ***→* A4064\_1**  *(DK = 99)* |
| A4064\_b  *(10190\_b)* | [Enter how long before death s/he vomited in months]:  *Enter 1-60 months* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4065  *(10192)* | Was the vomit black? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4067  *(10194)* | Did s/he have abdominal pain? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 → A4071*** |
| A4068  *(10195)* | Was the abdominal pain severe? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4069\_units  *(10196\_units)* | For how long did (s)he have abdominal pain?  *Enter 1 unit only: 0-23 hours, 1-30 days, or 1-60 months. 1 week = 7 days.* | 1. Hours 2. Days 3. Months   9. Don’t know  8. Refused to answer | ◻ ***2 →* A4069\_b**  ***3 → A4069\_c***  ***8, 9 →* A4070** |
| A4069\_a  *(10196)* | [Enter how long (s)he had abdominal pain in hours]:  *Enter 0-23 hours. Less than 1 hour = 0 hours.* | | **\_\_ \_\_** Hours ***→ A4070***  *(DK = 99)* |
| A4069\_b  *(10197\_a)* | [Enter how long (s)he had abdominal pain in days]:  *Enter 1-30 days. 1 week = 7 days.* | | **\_\_ \_\_** Days ***→ A4070***  *(DK = 99)* |
| A4069\_c  *(10198)* | [Enter how long (s)he had abdominal pain in months]:  *Enter 1-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4070  *(10199)* | What 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   9. Don’t know  8. Refused to answer | ◻ |
| A4071  *(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 →* A4074** |
| A4072\_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 → A4072\_b***  ***8 or 9 →* A4073** |
| A4072\_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 ***→* A4073**  *(DK = 99)* |
| A4072\_b  *(10202)* | [Enter how long before death (s)he had a more than usually protruding abdomen in months] | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4073  *(10203)* | How rapidly did s/he develop the protruding abdomen? | 1. Rapidly 2. Slowly   9. Don’t know  8. Refused to answer | ◻ |
| A4074  *(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*** *→* **A4076** |
| A4075\_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 →* A4075\_b**  ***8 or 9 →* A4076** |
| A4075\_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 ***→* A4076**  *(DK = 99)* |
| A4075\_b  *(10206)* | [Enter how long (s)he had a mass in the abdomen in months]:  *Enter 1-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4076  *(10153)* | During the illness that led to death, did the deceased have a cough? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* A4081** |
| A4077\_units  *(10154\_units)* | For how long did s/he have 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 →* A4077\_b**  ***8 or 9 →* A4078** |
| A4077\_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 ***→* A4078**  *(DK = 99)* |
| A4077\_b  *(10154\_b)* | [Enter how long (s)he had a cough in months]:  *Enter 1-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4078  *(10155)* | Was the cough productive, with sputum? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻  ***2, 9 or 8 →* A4079** |
| A4078\_units | For how long was the cough productive, with sputum? | 1. Days 2. Months   9. Don’t know  8. Refused to answer | ◻  ***2 →* A4078\_b**  ***8 or 9 →* A4079** |
| A4078\_a | [Enter how long the cough was productive, with sputum in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | **\_\_ \_\_** Days ***→* A4079**  *(DK = 99)* |
| A4078\_b | [Enter how long the cough was productive, with sputum in months]:  *Enter 1-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4079  *(10156)* | Was the cough very severe? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4080  *(10157)* | Did s/he cough up blood? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4081  *(10159)* | 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 →* A4084** |
| A4082\_unit  *(10161\_unit)* | For how long did the difficulty breathing or breathlessness last?  *Enter 1 unit only: 0-30 days, 1-11 months, or 1-11 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→* A4082\_b**  ***3 →* A4082\_c**  ***8 or 9 →* A4083** |
| A4082\_a  *(10161\_1)* | [Enter how long did the difficult breathing or breathlessness last in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | **\_\_ \_\_** Days ***→* A4083**  *(DK = 99)* |
| A4082\_b  *(10162)* | [Enter how long did the difficult breathing or breathlessness last in months]:  *Enter 1-60 months.* | | **\_\_ \_\_** Months ***→* A4083**  *(DK = 99)* |
| A4082\_c  *(10163)* | [Enter how long did the difficult breathing or breathlessness last in years]:  *Enter number of years less than age at death.* | | **\_\_ \_\_** Years  *(DK = 99)* |
| A4083  *(10165)* | Was the difficulty in breathing continuous or on and off? | 1. Continuous 2. On and off   9 Don’t know  8. Refused to answer | ◻ |
| A4088  *(10170)* | Was s/he unable to carry out daily routines due to breathlessness? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4089  *(10171)* | Was s/he breathless while lying flat? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4084  *(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 →*** ***A4090*** |
| A4085\_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 →* A4085\_b**  ***8 or 9 →* A4090** |
| A4085\_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 ***→* A4090**  *(DK = 99)* |
| A4085\_b  *(10167\_c)* | [Enter how long the fast breathing lasted, in months]:  *Enter 1-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4090  *(10173\_a)* | During the illness that led to death did (s)he have wheezing?  *Demonstrate the sound.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4091  *(10174)* | Did s/he have chest pain? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 → A4095*** |
| A4092  *(10175)* | Was the chest pain severe? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4093  *(10176)* | How many days before death did s/he have chest pain?  *If the respondent is unable to answer, prompt: Did s(he) have chest pain for less than 3 days before death (interviewers to enter 2 days), or for at least more than 3 days before death (interviewer to enter 4 days). Less than 1 day or 24 hours =0 days; 1 week=7 days. For don’t know, enter “99”. For refusal, enter “88”.* | | **\_\_ \_\_** Days  *(DK = 99, Refused = 88)* |
| A4094\_unit  *(10178\_unit)* | How long did the chest pain last?  *Round up the response as needed (e.g. if 2 hours 30 mins; enter 3 hours). If the respondent is unable to answer, prompt: Did the pain last for less than 1 hour (enter 0 hours),1-4 hours (enter 4 hours), 5-23 hours (enter 23 hours).* | 1. Hours 2. Days   9. Don’t know  8. Refused to answer | ◻ ***2 → A4094\_c***  ***8 or 9 → A4095*** |
| A4094\_b  *(10179)* | [Enter how long the chest pain lasted in hours]:  *Enter 1-23 hours.* | | **\_\_ \_\_** Hours ***→ A4095***  *(DK = 99)* |
| A4094\_c  *(10179\_1)* | [Enter how long the chest pain lasted in days]:  *Enter 0-30 days. 1 week = 7 days.* | | **\_\_ \_\_** Days  *(DK = 99)* |
| A4095  *(10207)* | Did <NAME> have a severe headache? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4096  *(10208)* | 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 know | ◻ ***8, 2 or 9 → A4100*** |
| A4097\_unit*s*  *(10209\_units)* | How long before death did s/he have a stiff or painful neck?  *If the respondent is unable to answer, prompt: Did s/he have a stiff or painful neck for less than 1 week ( enter 6 days), or for at least 1 week (enter 8 days). Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day = 0 days; 1 week = 7 days.* | 1. Days 2. Months   9. Don’t know  8. Refused to answer | ◻ ***2 → A4097\_b***  ***8 or 9 → A4100*** |
| A4097\_a  *(10209\_a)* | [Enter how long before death did (s)he have stiff or painful neck in days]:  *Enter 0-30 days.* | | **\_\_ \_\_** Days ***→ A4100***  *(DK = 99)* |
| A4097\_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)* |
| A4100  *(10212)* | Did s/he have mental confusion? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 → A4102*** |
| A4101\_units  *(10213\_units)* | How long did s/he have mental confusion?  *If the respondent is unable to answer, prompt: Did the mental confusion last for less than 3 months (enter 2 months), or for at least 3 months (enter 4 months)? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day = 0 days; 1 week = 7 days.* | 1. Days 2. Months   9. Don’t know  8. Refused to answer | ◻ ***2 → A4101\_b***  ***8 or 9 → A4102*** |
| A4101\_a  *(10213\_a)* | [Enter how long s/he had mental confusion, in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | **\_\_ \_\_** Days ***→ A4102***  *(DK = 99)* |
| A4101\_b  *(10213\_b)* | [Enter how long s/he had mental confusion, in months]:  *Enter 1-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4102  *(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 → A4106*** |
| A4102\_units  *(10216\_units)* | How long before death did unconsciousness start? | 1. Hours 2. Days   9. Don’t know  8. Refused to answer | ◻  ***2 →* A4102\_b**  ***8 or 9 →* A4104** |
| A4102\_a  *(10216\_a)* | [Enter how long before death unconsciousness started in hours]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | **\_\_ \_\_** Hours ***→* A4104**  *(DK = 99)* |
| A4102\_b  *(10216\_b)* | [Enter how long before death unconsciousness started in days]:  *Enter 1-60 months.* | | **\_\_ \_\_** Days  *(DK = 99)* |
| A4104  *(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 | ◻ |
| A4105 | Was s/he suddenly unable to talk? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4106  *(10220)* | Did (s)he experience any generalized convulsions?  *Convulsions are rapid twitching or jerking movements of the whole body (i.e. both arms and both legs), which frequently subside with the loss of consciousness. The common term for convulsions is fits, and there is often a local term for such movements.* | 1. Yes 2. No 3. Don’t know   8. Refused to answer | ◻ ***8, 2 or 9 → A4109*** |

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| A4108  *(10222)* | Did s/he become unconscious immediately after the convulsion? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | ◻ |

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| A4109  *(10223)* | Did the deceased have any urine problems? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 → A4113*** |
| A4110  *(10226)* | During the final illness, did s/he ever pass blood in the urine? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4111  *(10224)* | Did s/he stop urinating? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4115  *(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 → A4113*** |
| A4116  *(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 → A4113*** |
| A4117\_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 → A4117\_b***  ***8 or 9 → A4118*** |
| A4117\_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.*  *If the respondent is unable to answer, prompt: Did the ulcer on the foot have pus for less than 2 weeks (interviewer to enter 13 days), or for at least 2 weeks (interviewer to enter 15 days)?* | | **\_\_ \_\_** Days ***→ A4118***  *(DK = 99)* |
| A4117\_b  *(10232\_b)* | Enter how long the ulcer on the foot had pus, in months]:  *Enter 1-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4113  *(10227)* | Did she 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 → A4118*** |
| A4114  *(10229)* | Did the ulcers or sores have pus? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4118  *(10233)* | During the illness that led to death, did <NAME> have any skin rash? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 → A4123*** |
| A4119  *(10235)* | Where was the rash? | 1. Face 2. Trunk/Abdomen 3. Extremities 4. Everywhere   9. Don’t know  8. Refused to answer | ◻ |
| A4120 | Where did the rash start? | 1. Face 2. Trunk/Abdomen 3. Extremities 4. Everywhere   9. Don’t know  8. Refused to answer | ◻ |
| A4121  *(10234)* | How many days did the rash last?  *If the respondent is unable to answer, prompt: Did the skin rash last for less than 1 week (interviewer to enter 6 days), or for at least 1 week (interviewer to enter 8 days). Less than 1 day or 24 hours =0 days; 1 week=7 days; 1 month=30 days. Enter “99” for “don’t know”. Enter “88” for “refuse”.* | | **\_\_ \_\_** Days  *(DK = 99)* |
| A4122  *(10236)* | Did s/he have a measles rash (use local term)? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4123  *(10237)* | Did s/he ever have shingles or herpes zoster? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4124  *(10243)* | Did s/he have noticeable weight loss? *[hint: limbs (legs, arms) become very thin]* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4125  *(10244)* | Was s/he severely thin or wasted?  *Show photo.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4125x  *(10245)* | Did s/he have a whitish rash inside the mouth or on the tongue? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4126  *(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 → A4129*** |
| A4127\_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 → A4127\_b***  ***8 or 9 → A4128*** |
| A4127\_a  *(10250\_a)* | [Enter how long the swelling lasted, in days]:  *Enter 0-30 days.* | | **\_\_ \_\_** Days ***→ A4128***  *(DK = 99)* |
| A4127\_b  *(10250\_b)* | [Enter how long the swelling lasted, in months]:  *Enter 1-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4128  *(10251)* | Did s/he have both feet swollen? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4129  *(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 → A4131*** |
| A4130\_units  *(10248\_units)* | How long did s/he have puffiness of the face?  *If the respondent is unable to answer, prompt: Did the puffiness of the face last for less than 1 week (enter 6 days), or for at least 1 week (enter 8 days). Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days. 1 week = 7 days.* | 1. Days 2. Months   9. Don’t know  8. Refused to answer | ◻ ***2 → A4130\_b***  ***8 or 9 → A4131*** |
| A4130\_a  *(10248\_a)* | [Enter how long the face puffiness lasted, in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week=7 days.* | | **\_\_ \_\_** Days ***→ A4131***  *(DK = 99)* |
| A4130\_b  *(10248\_b)* | [Enter how long the face puffiness lasted, in months]:  *Enter 1-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4131  *(10252)* | Did s/he have general swelling of the body | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4132  *(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 | ◻ |
| A4133  *(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 → A4135*** |
| A4134\_units  *(10266\_units)* | For how long did s/he have yellow discoloration?  *If the respondent is unable to answer, prompt: Did the yellow discoloration last for less than 3 weeks (interviewer to enter 20 days), or for at least 3 weeks (interviewer to enter 22 days). Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days. 1 week = 7 days.* | 1. Days 2. Months   9. Don’t know  8. Refused to answer | ◻ ***2 → A4134\_b***  ***8 or 9 → A4135*** |
| A4134\_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 ***→ A4135***  *(DK = 99)* |
| A4134\_b  *(10266\_b)* | [Enter how long the yellow discoloration lasted, in months]:  *Enter 1-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4135  *(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 | ◻ |
| A4136  *(10268)* | Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4137  *(10485)* | Did s/he suffer from extreme fatigue?  *Probe whether the deceased felt so tired that (s)he found it hard to get out the bed and do the routine things like taking a shower or changing clothes* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4137x  *(10486)* | Did (s)he experience a new loss, change or decreased sense of smell or taste? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4138  *(10254)* | Did s/he have any lumps or sores in the mouth? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4138x  *(10253)* | Did (s)he have lumps anywhere else on the body?  *Lumps can be in the neck, armpit, groin or other areas of the body.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***8, 2 or 9 → A4145*** |
| A4139  *(10255)* | Did s/he have any lumps on the neck? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4140  *(10256)* | Did s/he have any lumps on the armpit? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4144  *(10257)* | Did s/he have any lumps on the groin? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4145  *(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 | ◻ |
| A4145\_units | How long did the stiffness last? | 1. Days 2. Months   9. Don’t know  8. Refused to answer | ◻  ***2 →* A4145\_b**  ***8 or 9 →* A4146** |
| A4145\_a | [Enter how long the stiffness lasted in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | **\_\_ \_\_** Days ***→* A4146**  *(DK = 99)* |
| A4145\_b | [Enter how long the stiffness lasted in months]:  *Enter 1-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4146  *(10258)* | Was s/he in any way paralyzed? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 → A4149*** |
| A4147  *(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 | ◻ |
| A4148  *(10260)* | Did she have paralysis of both legs?? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4149  *(10261)* | 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 → A4153*** |
| A4150\_units  *(10262\_units)* | For how long before death 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. Weeks 3. Months   9. Don’t know  8. Refused to answer | ◻ ***2 → A4150\_b***  ***8 or 9 → A4150\_c*** |
| A4150\_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*  *If the respondent is unable to answer, prompt: Did the difficulty or pain in swallowing last for less than a week (interviewer to enter 6 days), or for at least 1 week (interviewer to enter 8 days).* | | **\_\_ \_\_** Days ***→ A4150\_c***  *(DK = 99)* |
| A4150\_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)* |
| A4150\_c  *(10262\_c)* | Did swallowing become impossible? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4153  *(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 | ◻ |
| A4155  *(10242)* | Did s/he bleed from the nose, mouth or anus? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| **Inst\_1: If Q1601=1 (sex of deceased = male) → A4206** | | | |
| A4157  *(10294)* | Did she have any lump(s) and/or ulcer(s) in the breast? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻  ***2, 9 or 8 →* A4159** |
| A4157\_units | How long did she have the lump(s)/ulcer(s)? | 1. Days 2. Months   9. Don’t know  8. Refused to answer | ◻  ***2 →* A4157\_b**  ***8 or 9 →* A4159** |
| A4157\_a | [Enter how long the lump(s)/ulcer(s) lasted in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | **\_\_ \_\_** Days ***→* A4159**  *(DK = 99)* |
| A4157\_b | [Enter how long the lump(s)/ulcer(s) lasted in months]:  *Enter 1-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4159  *(10296)* | Did she ever have a period or menstruate? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* A4167** |
| A4161\_1  *(10301)* | Was there excessive vaginal bleeding in the week prior to death? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***8, 2 or 9 →* A4162** |
| A4161\_units | How long did the bleeding last? | 1. Days 2. Months   9. Don’t know  8. Refused to answer | ◻  ***2 →* A4161\_b**  ***8 or 9 →* A4162** |
| A4161\_a | [Enter how long the bleeding lasted in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | **\_\_ \_\_** Days ***→* A4162**  *(DK = 99)* |
| A4161\_b | [Enter how long the bleeding lasted in months]:  *Enter 1-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4162  *(10299)* | Did her menstrual period stop naturally because of menopause or removal of the uterus? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***2,8,9 →* A4163** |
| A4163\_1  *(10300)* | Did she have vaginal bleeding after cessation of menstruation? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***1,2,8,9 →* A4206** |
| A4163  *(10302)* | At the time of death was her period overdue? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***8, 2 or 9 →* A4167** |
| A4164  *(10303)* | For how many weeks had her period been overdue?  *If the respondent is unable to answer, prompt: Was the period overdue for less than 4 weeks (interviewer to enter 3 weeks) or for at least 4 weeks (interviewer to enter 5 weeks). Less than 1 week=0.7 days=1 week. Enter “99” for “don’t know” Enter “88” for refuse.* | | **\_\_ \_\_** Weeks  *(DK = 99)* |
| A4167  *(10305)* | Was she pregnant (and not yet in labor) at the time of death?  *A “Yes” response to this question means a fetus or baby remained in the mother’s body after she died. If she was already in labor or actively aborting – please answer “No” to Id10305.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***1 → A4178\_1*** |
| A4168\_1  *(10312)* | Did she die during labor or delivery?  *A “Yes” response to this question excludes women dying during abortion or miscarriage.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***1 → A4178\_1*** |
| A4168\_2  *(10313)* | Did she die after delivering a baby?  *A “Yes” response to this question excludes women dying during abortion or miscarriage.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***2, 8, 9 → A4194*** |
| A4168\_3  *(10314)* | Did she die within 24 hours after delivery? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***1 → A4178\_1*** |
| A4168  *(10306)* | Did she die within 6 weeks after delivery? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***1 → A4178\_1*** |
| A4173\_1  *(10308\_1)* | Did she die less than 1 year after delivery? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***1 →* A4178\_1** |
| A4194  *(10334)* | Did she have a pregnancy that ended in an abortion (spontaneous or induced) or miscarriage within 6 weeks before her death? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 →* *A4178\_1*** |
| A4173\_2  *(10308\_2)* | Did she die less than 1 year after an abortion (spontaneous or induced) or miscarriage? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***1 →* A4178\_1** |
| A4178\_2  *(10310)* | Please confirm that in the 12 months prior to her death, the woman was not pregnant, she did not have a delivery and she also did not have an abortion or miscarriage.  *This question serves to confirm that no maternal death is missed.* If 2,9 please check from A4163 downwards. | 1. Yes, this was NOT a pregnancy-related death. (In the 12 months prior to her death, *she was NOT pregnant, and she did not deliver, have an abortion or a miscarriage*) 2. No, this WAS a pregnancy-related death. (In the 12 months prior to her death, *she WAS pregnant, or she delivered, had an abortion, or a miscarriage*)   9. Don’t know  8. Refused to answer | ◻***1,8 → A4206***  ***2,9 → A4163*** |
| A4178\_1  *(10309)* | For how many months was she pregnant?  *If the respondent is unable to answer, prompt: Was she pregnant for less than 6 months (interviewer to enter 5 months) or for more than 6 months (interviewer to enter 7 months)? For don't know, enter "99." For refused, enter "88."* | | **\_\_ \_\_** Months  *(DK = 99)* |
| A4178A | During the pregnancy, did she see anyone for antenatal care? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻  ***2 or 9 →* A4178** |
| A4178B | How many times did she receive antenatal care during the pregnancy? | | \_\_ \_\_ Times  *(DK = 99)* |
| A4178  *(10317)* | How many babies was she pregnant with? | 1. Single  2. Twins  3. Triples or more  9. Don’t know  8. Refused to answer | ◻ |
| A4180  *(10319)* | How many births, including stillbirths, did she/the mother have before this pregnancy? | | **\_\_ \_\_** Times ***if 00 → A4182***  *(DK = 99, Ref=88)* |
| A4181  *(10320)* | Had she had any previous Caesarean section? | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻ |
| A4182  *(10321)* | During pregnancy, did she suffer from high blood pressure? | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻ |
| A4183  *(10322\_a)* | Did she have foul smelling vaginal discharge during pregnancy? | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻ |
| A4166  *(10304)* | Did she have a sharp abdominal pain in the first 3 months of pregnancy? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4184  *(10323)* | During the last 3 months of pregnancy (and/or during or after labor and delivery), did she suffer from convulsions?  *Include “and/or during or after labor and delivery” only if she died during or after labor and delivery.* | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻ |
| A4185  *(10324)* | During the last 3 months of pregnancy (and/or after delivery), did she suffer from blurred vision?  *Include “and/or after delivery” only if she died after delivery.* | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻ |
| A4186  *(10325)* | Did bleeding occur while she was pregnant? | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻***2, 8, 9 → A4187\_2*** |
| A4187  *(10327)* | Was there vaginal bleeding during the last 3 months of pregnancy but before labor started?  *The last 3 months of pregnancy refers to the 7th-9th months of full-term pregnancy.* | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻ |
| A4187\_2 | Did she have new abdominal (belly) or back pain during the last 3 months of pregnancy but before labor started? | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻ |
| ***Inst\_1a: If A4167 (10305) = 1 → A4193 (10333)***  ***If A4194 =1 or A4173\_2 = 1 → A4183\_2 (10322\_b)*** | | | |
| A4188  *(10328)* | Did she have excessive bleeding during labor or delivery? | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻ |
| A4189\_a  *(10329\_a)* | Did she have excessive bleeding after delivery? | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻ |

|  |  |  |  |
| --- | --- | --- | --- |
| A4183\_2  *(10322\_b)* | Did she have foul smelling vaginal discharge after delivery (abortion or miscarriage)?  *Read “…after abortion or miscarriage?” if she had an abortion or miscarriage.* | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻ ***If A4168\_2 = 1 → A4190*** |

|  |  |  |  |
| --- | --- | --- | --- |
| A4189\_2  *(10329\_b)* | Did she have excessive bleeding during or after abortion or miscarriage? | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻ |
| A4190  *(10330)* | Was the placenta completely delivered? | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻ |
| A4191  *(10331)* | Did she deliver or try to deliver an abnormally positioned baby?  *Ask the respondent about her/his understanding of what is an abnormally positioned baby; if unclear or wrong, explain that it means babies whose first body part exiting the vagina is not the head.* | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻ |
| A4192  *(10332)* | For how many hours was she in labor?  *If the respondent is unable to answer, prompt: Was she in labor for less than 12 hours (interviewer to enter 11 hours), or more than 12 hours (interviewer to enter 13 hours). Less than 60 minutes = 0 hours. 1 day=24 hours. Enter “99” for “don’t know” Enter “88” for refuse.* | | **\_\_ \_\_** Hours  *(DK = 99, Ref=88)* |
| A4193  *(10333)* | Did she attempt to terminate the pregnancy? | 1. Yes  2. No  9. Don’t know  8. Refused to answer | ◻**If 2, 8, 9 → Inst\_1b** |
| A4193\_1 | How did she do this? | 1. Oral medicine  2. Traditional vaginal herbal application  3. Vaginal tablet  4. Instrumentation  9. Don’t know  8. Refused to answer | ◻ |
| ***Inst\_1b: If A4167 = 1 → A4206 (10077)*** | | | |
| A4198  *(10337)* | Where did she give birth? | 1. Hospital 2. Other health facility 3. Home 4. On route to hospital or facility 5. Other   9. Don’t know  8. Refused to answer | ◻ |
| A4202  *(10342)* | Was the delivery normal vaginal, without forceps or vacuum? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***1 →* A4205\_1** |
| A4203  *(10343)* | Was the delivery vaginal, with forceps or vacuum? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻***1 →* A4205\_1** |
| A4204  *(10344)* | Was the delivery a Caesarean section? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4205\_1  *(10340)* | Did she have an operation to remove her uterus shortly before death? | 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. | | | |
| A4206  *(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 →* A4250** |
| A4206\_1  *(10079)* | Was it a road transport injury? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻  ***1 →* A4206\_20** |
| A4206\_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 →* A4206\_20** |
| A4206\_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 →* A4206\_20** |
| A4206\_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 →* A4206\_20** |
| A4206\_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 →* A4206\_20** |
| A4206\_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 →* A4206\_10** |
| A4206\_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→* A4206\_11** |
| A4206\_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 →* A4206\_20** |
| A4206\_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 →* A4206\_20** |
| A4206\_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   9. Don’t know  8. Refused to answer | ◻  ***1 →* A4206\_20** |
| A4206\_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 →* A4206\_20** |
| A4206\_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 →* A4206\_20** |
| A4206\_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 →* A4206\_20** |
| A4206\_17  *(10095)* | Was (s)he injured by a force of nature? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻  ***1 →* A4207** |

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| A4206\_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 →* A4206\_20** |

|  |  |  |  |
| --- | --- | --- | --- |
| A4206\_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 | ◻ |
| A4206\_20  *(10098)* | Was the injury accidental? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 → A4207*** |
| A4206\_21  *(10099)* | Was the injury self-inflicted? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ ***1 → A4207*** |
| A4206\_22  *(10100)* | Was the injury intentionally inflicted by someone else? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4207  *(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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| **SECTION 10: CARE-SEEKING FOR THE FATAL ILLNESS (ADULT DEATHS)**  ***Read:*** Now, I’d like to ask you about <NAME>’s fatal illness and the care and treatments that s/he received. | | | | | | | | | | | | | | | | | |
| A4250 | Where was <NAME> when her/his illness began?  *“Home” in response 2 means the deceased woman’s home, the birth attendant’s home or any other home.* | | | | | | 1. Home or community 2. Home, with a birth attendant (for pregnancy-related deaths only) 3. Delivery facility (for pregnancy-related deaths only) 4. Other *(specify)*   9. Don’t know | | | | | | | ◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| A4251 | Did <NAME> receive, or did you or s/he give or seek, any care or treatment for the fatal illness? | | | | | | 1. Yes 2. No—care not needed, given or sought   9. Don’t know | | | | | | | ◻***2 →* A4253A**  ***9 →* A4351** | | | |
| A4252 | Please tell me everything that was done for <NAME>’s fatal illness inside the home and all the places outside the home (he / she) went or was taken for health care. Start with the first care or treatment <NAME> received and then, in order, tell me all the other care and treatments s/he received. Also tell me what symptoms were present when each action was taken.  *Include any health care provider <NAME> was on route to but did not reach before dying.*  *For all adults: (1) If the illness lasted 3 months or more: ask about the first three actions taken at the start of the illness and the middle of the illness, and about the last three actions at the end of the illness. Circle ‘S’ (Start), ‘M’ (Middle) or ‘E’ (End) for each action. (2) Check one other care or health care provider box for each action row. Check ‘Trained CHW, nurse or midwife’ only if the provider was seen outside a facility. (3) For pregnancy-related deaths only: Mark any provider or facility where the woman aborted or delivered. (4) Record the day of the illness (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** | | **Woman aborted or delivered at this provider** | | **Illness day first action was taken** | | **What symptoms were present when the action was taken?** |
| 1.  S M E | ◻ | ◻ | ◻ | | ◻ | | | | ◻ | ◻ | ◻ | | ◻ | | \_\_ \_\_ | |  |
| 2.  S M E | ◻ | ◻ | ◻ | | ◻ | | | | ◻ | ◻ | ◻ | | ◻ | |  | |  |
| 3.  S M E | ◻ | ◻ | ◻ | | ◻ | | | | ◻ | ◻ | ◻ | | ◻ | |  | |  |
| 4.  S M E | ◻ | ◻ | ◻ | | ◻ | | | | ◻ | ◻ | ◻ | | ◻ | |  | |  |
| 5.  S M E | ◻ | ◻ | ◻ | | ◻ | | | | ◻ | ◻ | ◻ | | ◻ | |  | |  |
| 6.  S M E | ◻ | ◻ | ◻ | | ◻ | | | | ◻ | ◻ | ◻ | | ◻ | |  | |  |
| 7.  S M E | ◻ | ◻ | ◻ | | ◻ | | | | ◻ | ◻ | ◻ | | ◻ | |  | |  |
| 8.  S M E | ◻ | ◻ | ◻ | | ◻ | | | | ◻ | ◻ | ◻ | | ◻ | |  | |  |
| 9.  S M E | ◻ | ◻ | ◻ | | ◻ | | | | ◻ | ◻ | ◻ | | ◻ | |  | |  |
| A4253A | Please tell me, who was involved in the decision about whether, when and where to take <NAME> for health care?  *Prompt:* Was there anyone else?  *Multiple answers allowed.* | | | | | | 1. Deceased’s mother 2. Deceased’s father 3. Deceased’s spouse/partner 4. Compound head 5. Community elder/leader 6. Religious leader 7. Someone else (*specify*)   9. Don’t know | | | | | | | 1. □  2. □  3. □  4. □  5. □  6. □  7. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. □ ***→ A4254*** | | | |
| A4253B | Who had the strongest voice in the decision? | | | | | | 1. Deceased’s mother 2. Deceased’s father 3. Deceased’s spouse/partner 4. Compound head 5. Community elder/leader 6. Religious leader 7. Someone else (*specify*)   9. Don’t know | | | | | | | ◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| A4254 | Some people say they have no problems accessing health care. Others say they have problems accessing care.  *If the deceased never went for health care, ask:* What about <NAME>? Did s/he experience any problems that kept (her / him) from seeking health care during the illness?  *If the deceased sought any health care, ask:* What about <NAME>? Did s/he have to overcome any problems to go for health care during the illness? | | | | | | 1. Yes 2. No   9. Don’t know | | | | | | | ◻ ***2 or 9 → Inst\_2a*** | | | |
| A4255 | What were the main problems s/he had?  *Prompt:* Was there anything else?  *Multiple answers allowed.* | | | | | | 1. Did not think person was sick enough to need health care 2. No one available to go with her/him 3. Too much time away from his/her regular duties 4. Someone else had to decide *(specify)* 5. Too far to travel 6. No transportation available 7. Cost of transportation 8. Cost of health care 9. Other cost *(specify)* 10. Not satisfied with available health care 11. Problem required traditional care 12. Thought s/he was too sick to travel 13. Thought s/he will die despite care 14. Was late at night (transportation or provider not available) 15. Fear of catching other diseases 16. Fears exposure to male health provider 17. Other *(specify)*   99. Don’t know | | | | | | | 1. □  2. □  3. □  4. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. □  6. □  7. □  8. □  9. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10. □  11. □  12. □  13. □  14. □  15. □  16. □  17. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  99. □ | | | |
| ***Inst\_2a: If A4251 = 2 (No care given or sought) → A4351***  ***Inst\_2b: If A4252 ≠ “Health provider” (Never took to a health provider) → A4283.*** | | | | | | | | | | | | | | | | | |
| A4256 | *Refer to A4252 for the first health provider and related symptoms:*  You mentioned that <NAME> went to the (first) health provider, I mean the <FIRST HEALTH PROVIDER> with <SYMPTOM(S)>. How long had <NAME> had (this / these) symptom(s) when it was decided to go to the <FIRST HEALTH PROVIDER>?  *Read “…to the first…” if took or tried to take to more than one health provider.*  *Mark days, hours &/or minutes as needed: e.g. 00 day, 02 hours, 10 minutes* | | | | | | | | | | | | | **\_\_ \_\_** Days  *(DK = 99)* | | | |
| **\_\_ \_\_** Hours  *(DK = 99)* | | | |
| **\_\_ \_\_** Minutes  *(DK = 99)* | | | |
| ***Formal health careseeking matrix:*** *Ask the following questions for the first and last health providers where care was sought for the fatal illness. Ask all the questions for the First Health Provider before going on to the Last Health Provider.*  *Before asking about the first health provider, read:*  Now I would like to ask you about <NAME>’s visit to the (first) health provider, I mean the <FIRST HEALTH PROVIDER>.  *Read “first” if went to or received care from more than one provider.*  *Before asking about the last health provider, read:*  Now I would like to ask you about <NAME>’s visit to the last health provider, I mean the <LAST HEALTH PROVIDER>. | | | | | | | | | | | | | | | | | |
| **– ILLNESS MATRIX QUESTIONS –** | | | | | | | | | | | | **FIRST HEALTH PROVIDER** | | | | **LAST HEALTH**  **PROVIDER** | |
| What was the name of the <FIRST/LAST HEALTH PROVIDER> where <NAME> went?  *Probe to identify the name and type of provider or facility. Knowing the name of the facility might help determine its type. If the deceased was seen by a trained CHW, nurse or midwife at a health facility, then mark the type of facility where the provider was seen. Use option 5 or 10 only if the provider was seen outside of a health facility.* | | | | Public sector:   1. Government hospital 2. Government 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 | | | | | | | | A4257  ◻◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | | | A4266  ◻◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of  Provider/Facility) | |
| *For health care at a facility (A4257/A4266 = 1-4, 6-9, 11), ask:* Did <NAME> reach the <FIRST/LAST HEALTH PROVIDER> before s/he died?  *For health care outside a facility, ask:*  Did the <FIRST/LAST HEALTH PROVIDER> reach <NAME> before s/he died?  *If “No,” discuss with respondent to determine correct response: 2 or 3.* | | | | 1. Yes, reached before died 2. No, died on route to this provider / before this provider reached the deceased 3. No, could not reach this provider, so returned home or took other action   9. Don’t know | | | | | | | | A4258  ◻ ***2 → A4283***  ***3, 9 → Inst\_3*** | | | | A4267  ◻ ***2-9 → Inst\_4*** | |
| *Ask only for pregnancy-related deaths:*  What was her condition when she arrived at the <FIRST HEALTH PROVIDER>? Was she…  *Respondent should hear all the choices and then give one response.* | | | | 1. Alert, able to communicate, breathing easily 2. Drowsy, difficulty staying awake; gasping or very fast, shallow breathing 3. Unconscious; irregular or very slow breathing 4. Other *(specify)*   9. Don’t know | | | | | | | | A4258A  ◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |
| How long did it take, from the time it was decided to seek care to the time when (<NAME> reached the <FIRST HEALTH PROVIDER> / the <FIRST HEALTH PROVIDER> reached <NAME>)?  *Read “…the provider reached <NAME>” if the provider saw the deceased at home or another location outside of a health facility (A4257 = 5, 10).*  *Mark hours &/or minutes as needed: e.g. 02 hours, 10 minutes.* | | | | | | | | | | | | A4259  **\_\_ \_\_** Hours  *(DK = 99)* | | | |  | |
| **\_\_ \_\_** Minutes  *(DK = 99)* | | | |  | |
| How long after arriving at the <FIRST/LAST HEALTH PROVIDER> did <NAME> first receive care?  *Mark hours &/or minutes as needed: e.g. 02 hours, 10 minutes.* | | | | | | | | | | | | A4259A  **\_\_ \_\_** Hours  *(DK = 99)* | | | | A4268A  **\_\_ \_\_** Hours  *(DK = 99)* | |
| **\_\_ \_\_** Minutes  *(DK = 99)*  **A4257 *≠ 1,2,7,8 (Hospital, Health center, Clinic)***  ***→* A4261** | | | | **\_\_ \_\_** Minutes  *(DK = 99)*  **A4266 *≠ 1,2,7,8 (Hospital, Health center, Clinic)***  ***→* A4270** | |
| How many days did <NAME> stay at the health facility?  *Mark ‘00’ if less than 1 day.* | | | | | | | | | | | | A4260A  **\_\_ \_\_** Days  *(DK = 99)* | | | | A4269A  **\_\_ \_\_** Days  *(DK = 99)* | |
| Did the <FIRST/LAST HEALTH PROVIDER> refer <NAME> to another health provider or facility? | | | | 1. Yes 2. No   9. Don’t know | | | | | | | | A4261  ◻ ***2 or 9 →* A4264** | | | | A4270  ◻ ***2 or 9 →* A4273** | |
| To where was <NAME> referred?  *Probe to identify the name and type of provider or facility. Knowing the name of the facility might help determine its type. If the deceased was referred to a trained CHW, nurse or midwife at a health facility, then mark the type of facility. Use option 5 or 10 only if the provider was to be seen outside of a health facility.* | | | | Public sector:   1. Government hospital 2. Government health center 3. Government health post 4. Mobile clinic 5. Trained CHW, nurse or midwife (outside a health facility) 6. Other public sector   Private medical sector:   1. Private hospital 2. Private doctor/clinic 3. Mobile clinic 4. Trained CHW, nurse or midwife (outside a health facility) 5. Other private medical sector 6. Don’t know | | | | | | | | A4262  ◻◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | | | A4271  ◻◻  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of  Provider/Facility) | |
| Did the health provider/facility arrange transportation for <NAME> to reach the referral facility? | | | | 1. Yes 2. No   9. Don’t know | | | | | | | | ◻ | | | | ◻ | |
| Did <NAME> leave the <FIRST/LAST HEALTH PROVIDER> alive? | | | | 1. Yes, left alive 2. No, died at this provider | | | | | | | | A4264  ◻ ***1 → Inst\_3***  ***2 → Inst\_5*** | | | | A4273  ◻ ***→ Inst\_4*** | |
| ***Inst\_3: Check A4252→ If taken to another health provider…*** | | | | | | | | | | | | ***→* A4266**  ***(LAST PROVIDER)*** | | | |  | |
| ***Inst\_4: If A4261 = 1 (referred) or A4270 = 1 (referred) → continue with A4274.***  ***Otherwise → Inst\_5*** | | | | | | | | | | | | | | | | | |
| A4274 | Did <NAME> go to (all) the health provider(s) where s/he was referred?  *Read “all the health providers…” if the deceased was referred by both the first and last providers.* | | | | | 1. Yes 2. No 3. Don't know | | | | | | | | ◻ | | | |
| A4275 | Some people say they have no problems accessing health care. Others say they have problems accessing care.  *If the deceased did not go to (all) the referral provider(s), ask:* What about <NAME>? Did s/he experience any problems that kept (her / him) from going to a health provider where s/he was referred?  *If the deceased went to (all) the referral provider(s), ask:* What about <NAME>? Did s/he have to overcome any problems to go to a health provider where s/he was referred? | | | | | 1. Yes 2. No 3. Don't know | | | | | | | | ◻ ***2 or 9 →***  ***Inst\_5*** | | | |
| A4276 | What were the main problems s/he had?  *Prompt:* Was there anything else?  *Multiple answers allowed.* | | | | | 1. Did not think person was sick enough to need more health care 2. No one available to go with him/her 3. Too much time away from his/her regular duties 4. Someone else had to decide *(specify)* 5. Too far to travel 6. No transportation available 7. Cost of transportation 8. Cost of health care 9. Other cost *(specify)* 10. Not satisfied with available health care 11. Problem required traditional care 12. Thought s/he was too sick to travel 13. Thought s/he will die despite care 14. Was late at night (transportation or provider not available) 15. Fear of catching other diseases 16. Provider didn’t say referral so important 17. Went to a different provider/facility 18. The person died before going 19. Other *(specify)*   99. Don’t know | | | | | | | | 1. □  2. □  3. □  4. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. □  6. □  7. □  8. □  9. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10.□  11. □  12. □  13. □  14. □  15. □  16. □  17. □  18. □  19. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  99. □ | | | |
| ***Inst\_5: If A4257, A4266, A4262 or A4271 = 1-4, 6-9 or 11 (seen/sought care at any health facility)***  ***→ continue with A4280;***  ***Otherwise → A4283)*** | | | | | | | | | | | | | | | | | |
| A4280 | Were there any problems during admission to the hospital or health facility? | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | | ◻ | | | |
| A4281 | Were there any problems with the way (s)he was treated (medical treatment, procedures, interpersonal attitudes, respect, dignity) in the hospital or health facility? | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | | ◻ | | | |
| A4282 | Were there any problems getting medications, or diagnostic tests in the hospital or health facility? | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | | ◻ | | | |
| A4283 | In the final days before death, did anyone use a telephone or cell phone to call for help? | | | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | | ◻ | | | |
| A4284 | How many days after (<LAST ACTION A4252> / leaving the first/last health provider) did <NAME> die? | | | | | | | | | | | | | **\_\_ \_\_** Days  *(<1 = 00; DK = 99)* | | | |
| ***Inst\_6: If A4252 ≠ “Health Provider” (Never took to a health provider) → A4351*** | | | | | | | | | | | | | | | | | |

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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 woman may have received during the final illness. | | | |
| A4301  *(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 → A4310\_1*** |
| A4302\_1  *(10419)* | Did (s)he receive oral rehydration salts? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4302\_2  *(10420)* | Did (s)he receive (or need) intravenous fluids (drip) treatment? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4302\_3  *(10421)* | Did (s)he receive (or need) a blood transfusion? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4302\_4  *(10422)* | Did (s)he receive (or need) treatment/food through a tube passed through the nose? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4302\_5  *(10423)* | Did (s)he receive (or need) injectable antibiotics? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4302\_6  *(10424)* | Did (s)he receive (or need) antiretroviral therapy (ART)? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4302\_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 | ◻***8, 2 or 9 → A4310\_1*** |
| A4303  *(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. | | | |
| A4310\_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 | ◻ |
| A4310\_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 | ◻ |
| A4310\_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 | ◻ |
| A4310\_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 | ◻ |
| A4310\_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 | ◻ |
| A4310\_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 | ◻ |
| A4310\_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 | ◻ |
| A4310\_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 | ◻ |
| A4310\_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 | ◻ |
| A4310\_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 | ◻ |
| A4310\_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 | ◻ |
| A4310\_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 | ◻ |
| A4311\_1  *(10138)* | During the final illness, did a health professional diagnose Chronic Obstructive Pulmonary Disease (COPD)?  *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 | ◻ |
| A4311\_2  *(10141)* | During the final illness, did a health professional diagnose stroke?  *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 | ◻ |
| A4311\_4  *(10139)* | During the final illness, did a health professional diagnose dementia?  *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 | ◻ |
| A4311\_5  *(10140)* | During the final illness, did a health professional diagnose depression?  *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 | ◻ |
| A4312  *(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 →* A4314** |
| A4313  *(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 | ◻ |

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| Acovid\_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 | 🞎 |
| Acovid\_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** |
| Acovid\_3  *(10484)* | What was the result? | 1. Positive 2. Negative 3. Unclear   9. Don’t know  8. Refused to answer | 🞎 |

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| A4314  *(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 →* A4351** |
| A4315  *(10436)* | What did the health worker say? | | |
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| **SECTION 12: DEATH CERTIFICATE AND CIVIL REGISTRATION (ADULT DEATHS)** | | | |
| A4351  *(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 →*** A4363 |
| A4352  *(10463)* | Can I see the medical certificate of cause of death? | 1. Yes 2. No | ◻ ***2 →*** A4363 |
| A4353  *(10464)* | *Record the immediate cause of death from the certificate (line 1a)* |  | |
| A4354  *(10465)* | *Duration of the immediate cause of death (1a)* |  | |
| A4355  *(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 mellites may be an antecedent cause to kidney disease. If this detail is not present, record “NA”.* |  | |
| A4356  *(10467)* | *Duration of the first antecedent cause of death (1b)* |  | |
| A4357  *(10468)* | *Record the second antecedent cause of death from the death certificate (line 1c)* |  | |
| A4358  *(10469)* | *Duration of second antecedent cause of death (1c)* |  | |
| A4359  *(10470)* | *Record the third antecedent cause of death from the certificate (line 1d)* |  | |
| A4360  *(10471)* | *Duration of third antecedent cause of death (Id):* |  | |
| A4361  *(10472)* | *Record the contributing cause(s) of death from the certificate (part 2)* |  | |
| A4362  *(10473)* | *Duration of the contributing cause(s) of death (part2)* |  | |
| A4363  *(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 →* A4402** |
| A4364  *(10070)* | *Death registration number from the certificate from the Civil Registry*  *Enter “NA“ if this information is not available.* | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| A4365    *(10071\_check)* | Is the date of registration available? | 1.    Yes  2.    No | | ***2 → A4*367** |
| A4366  *(10071)* | Date of registration | | | \_\_\_/\_\_\_\_/ \_\_\_\_\_\_\_  (DD/MM/YYYY) |
| A4367  *(10072)* | Place of registration  *Enter a “-“ if this information is not available.* | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A4368  *(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 13B: THE HOUSEHOLD (ADULT DEATHS)**  ***Read:*** Now I would like to ask you some questions about the deceased’s household. | | | |
| A4402 | Where did <NAME> stay during the fatal illness? | 1. Her/His own home 2. Her/His in-law’s home 3. Her/His parent’s home 4. Her/His brother’s home 5. Other (specify)   9. Don’t know | ◻ ***9 → A4454***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A4405 | In an emergency, how long would it take to reach the nearest health facility from (this / that) location?  Mark hours &/or minutes as needed: e.g. 01 hour, 30 minutes.  *Read “…that location…” if the interview is being conducted somewhere other than where the deceased stayed during the illness.* | | \_\_ \_\_ Hours  *(DK = 99)* |
| \_\_ \_\_ Minutes  *(DK = 99)* |

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| **SECTION 14: SOCIAL CAPITAL AND HIV/AIDS QUESTIONS (ADULT DEATHS)**  *Read*: Now, I have some questions about (<NAME>’s / <NAME>’s <RELATIVES’>) community.    *The following questions are about the community where the deceased stayed during the fatal illness (A4402). Read either “…<NAME>’s…” or “…<NAME>’s <RELATIVES’>…” and ask A4451 – A4453 about the deceased and her/his community or her/his relatives’ community.* | | | |
| A4451 | In the 12 months before <NAME>'s death, did the people in the (village / neighborhood) work together on any of the following issues that affect the entire community or part of the community?  *Read all the issues and mark “Yes,” “No” or “Don’t know” for each one.* | 1. Health services/clinics 2. Paid job opportunities 3. Credit/finance 4. Water distribution 5. Security/police services 6. Other   *(specify)* | Yes No DK  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A4453A | Was <NAME> able to turn to any person or group in the community for help during her/his fatal illness)? | 1. Yes 2. No   9. Don’t know | ◻ ***2 or 9 →* A4454** | |
| A4453 | What people or groups was <NAME> able to turn to for help?  *Prompt:* Was there anyone else?  *Multiple answers allowed. Continue prompting until the respondent says there was no one else.* | 1. Religious group 2. Women’s group 3. Savings group or microcredit program 4. Any other community group, such as a vocational training group, community cooperative, political group, sports club, youth or student group 5. Community or political leader 6. Religious leader 7. Family 8. Neighbors 9. Friends 10. Patron/employer/benefactor 11. Police 12. Other   *(specify)* | 1. □  2. □  3. □  4. □  5. □  6. □  7. □  8. □  9. □  10. □  11. □  12. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Acovid\_4  *(10487)* | *Read:* Now I have five last questions about the deceased and her spouse/partner.  In the two weeks before death, did the deceased live with, visit or care for someone who had any COVID-19 symptoms, or a positive COVID-19 test?  *COVID-19 symptoms include fever, difficulty breathing, cough, extreme fatigue, and changes in sense of smell or taste.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |

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| A4454  *(10126)* | Did the deceased ever have a positive HIV test? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4455  *(10127)* | Was there any diagnosis by a health professional that the deceased had AIDS? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4456 | Did the deceased’s spouse/partner ever have a positive HIV test? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | ◻ |
| A4457 | Was there any diagnosis by a health professional that the deceased’ partner/spouse 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 (ADULT 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.*  A4471 *(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/him to correct any errors in what you wrote.* | | | |
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| A4472  *(10477)* | *Mark any of the following words that were mentioned as present in the narrative.* | 1. Chronic kidney disease 2. Dialysis 3. Fever 4. Heart attack 5. Heart problem 6. Jaundice 7. Liver failure 8. Malaria 9. Pneumonia 10. Renal (kidney) failure 11. Suicide 12. None of the above words 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.* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |