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| **SECTION 2: BACKGROUND** | | | | |
| **2.1 GENERAL DELIVERY CONTEXT (for 28 day-11 month olds)** | | | | |
| 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   9. Don’t know  8. Refused to answer | 🞎***8, 2 or 9→*** C3003 | |
| C3002  *(10355)* | Was the child the first, second, or later in the birth order? | 1. First 2. Second or later   9. Don’t know  8. Refused to answer | 🞎 | |
| C3003  *(10356)* | Is the mother still alive?  *If mother is present at the interview, select 'yes' without asking the question aloud.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***1 →*** C3006 | |
| C3004  *(10357)* | Did the mother die before, during or after the delivery? | 1. Before delivery 2. During delivery 3. After delivery   9. Don’t know  8. Refused to answer | 🞎 ***8, 1,2,or 9 →***C3006 | |
| C3005u  *(10358\_units)* | How long after the delivery did the mother die?  *Select one unit only.* | 1. Days 2. Weeks 3. Months 4. Don’t know   8. Refused to answer | 🞎***8 or 9 →*C3006**  ***2 →* C3005w**  ***3 →* C3005m** | |
| C3005d  *(10359)* | How many days after the delivery did the mother die?  *Enter 0-6 days. Less than 1 day or 24 hours = 0 days.* | | **\_\_ \_\_** Days ***→*** C3006  *(DK = 99)* | |
| C3005w  *(10359\_a)* | How many weeks after the delivery did the mother die?  *Enter 1-7 weeks.* | | **\_\_** Weeks ***→*** C3006  *(DK= 9)* | |
| C3005m  *(10358)* | How long after the delivery did the mother die?  *Enter 2-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* | |
| C3006  *(10360)* | Where was the deceased born?  *Read the question and slowly read the first 5 choices. Respondent should hear all 5 choices and then respond*. | Home:   1. The mother’s home 2. Other home   Public sector:   1. Government hospital 2. Government clinic/health center 3. Government health post 4. Other public (specify)   Private medical sector:   1. Private hospital 2. Private clinic 3. Private maternity home 4. Other private medical (specify) 5. On route to a health provider or facility 6. Other (specify)   99. Don’t know  88. Refused to answer | 🞎🞎 | |
| C3008 | Who (at the facility) delivered the baby?  *Read “...at the facility...” if she delivered at a health facility.* | 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\_1  *(10362)* | At birth, was the baby of usual size?  *Show photos, explain to the respondent that even if the answer is "no" some more questions will be asked, just to make sure no important detail has been missed.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 ***1 → C3010*** |
| C3009\_2  *(10363)* | At birth, was the baby smaller than usual, (weighing under 2.5 kg)?  *Show photos if available.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 ***1 → C3010*** |
| C3009\_3  *(10364)* | At birth, was the baby very much smaller than usual, (weighing under 1 kg)?  *Show photos if available.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 ***1 →* 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   9. Don’t know  8. 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 grammes in 4 digits. Respondents may give the answer in kilograms. For the data entry, convert to grammes. 1 kilogram=1,000 grammes. Enter "9999" for "don't know." Enter "8888" for "refuse."* | | | **\_\_ \_\_ \_\_ \_\_** Grams  *(DK = 9999)* |
| 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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| **2.2 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 →* C3019\_units**  ***Child deaths 5 – 11 years → C3013*** | | | | | |
| C3013 | Did s/he ever attend school? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎  ***8, 2 or 9 →* C3017** | |
| C3015  *(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)   99. Don’t know  88. Refused to answer | 🞎 **88 or 99 → C3017** | |
| C3016 | What is the highest [GRADE/YEAR] she/he completed (at that level)?  *If completed less than 1 year at that level, record ‘00’.* | | | \_\_ \_\_ Grade/Year. **>=8 🡪 Inst\_2**  *(DK = 99)* | |
| 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   9. Don’t know  8. Refused to answer | 🞎 | |
| ***Inst\_2: Child deaths <9 years →*** **C3019\_units** | | | | | |
| C3018  *(10065)* | What was her/his economic activity status in the year prior to death?  *Por exemplo: Se fez alguma actividade econimica tais como, trabalhou na machamba, ou vendeu* alguns produtos, C3018=2”empregado” | | 1. Unemployed 2. Employed 3. Homemaker 4. Student 5. Other 6. Don’t know   8. Refused to answer | 🞎 ***≠ 2 → C3019\_units*** | |
| C3018\_1  *(10066)* | What was her/his occupation, that is, what kind of work did s/he mainly do? | |  | | |
| **C3019\_units**  *(10352\_units)* | How old was the child when the fatal illness started?  *Enter 1 unit only: 0-30 days, 1-11 months or 1-11 years.* | | 1. Days 2. Months 3. Years   9. Don’t know  8. Refused to answer | | 🞎 ***2 →* C3019\_b**  ***3 →* C3019\_c**  ***8 or 9 →* C3020** |
| **C3019\_a**  *(10352\_1)* | [Enter how old the child was when the illness started, in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | | **\_\_ \_\_** Days ***→* C3020**  *(DK = 99)* |
| **C3019\_b**  *(10352\_a)* | [Enter how old the child was when the illness started, in months]:  *Enter 1-11 months* | | | | **\_\_ \_\_** Months ***→* C3020**  *(DK = 99)* |
| **C3019\_c**  *(10352\_b)* | [Enter how old the child was when the illness started, in years]:  *Enter 1 or more years* | | | | **\_\_ \_\_** Years  *(DK = 99)* |
| C3020  *(10408)* | Before the illness that led to death, was (the baby / the child) growing normally?  *Read “…the baby…” if less than 1 year old at death.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 | |
| C3021u  *(10120\_unit)* | For how long was (s)he ill before death? | 1. Days 2. Months 3. Years 4. Don’t know 5. Refused to answer | | 🞎***2 →* C3021m**  ***3 →* C3021y**  ***8, 9 →* C3022** | |
| C3021d  *(10120\_1)* | Days:  Children: Record days if less than 7 days—if less than 24 hours, record “00” days. | | | **\_\_ \_\_** Days >00 🡪**C3051**  *(DK = 99)* | |
| C3021m  *(10121)* | Enter how long the illness lasted, in months  *Enter 1-11 months* | | | **\_\_ \_\_** Months ***→* C3051**  *(DK = 99)* | |
| C3021y  *(10120\_1)* | Enter how long the illness lasted, in years  *Enter 1-11 years.* | | | **\_\_ \_\_** Years 🡪 C3051  *(DK = 99)* | |
| C3022  *(10123)* | Did (s)he die suddenly?  *(“Suddenly” means within 24 hours of being in regular health.)* | 1. Yes 2. No   9. Don’t know | | 🞎 | |
| ***Inst\_3: Child deaths 28 days – 11 months →* C3051**  ***Child deaths 1 – 11 years →* C3101** | | | | | |

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| **SECTION 6: SIGNS AND SYMPTOMS ASSOCIATED WITH THE FATAL ILLNESS (FOR 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*.* | | | | | | |
| C3051  *(10347)* | Was the baby born more than one month early? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 | |
| C3052  *(10367)* | How many months long was the pregnancy before birth? | | | | **\_\_ \_\_** Months  *(DK = 99)* |
| C3053  *(10368)* | Were there any complications in the late part of the pregnancy (defined as the last 3 months, before labour)? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 |
| C3053a  *(10369)* | Were there any complications during labour or delivery? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 |
| C3054  *(10398)* | Did the baby’s mother have foul smelling vaginal discharge during the pregnancy? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 |
| C3055 | During the last 3 months of pregnancy, did the baby’s mother suffer from blurred vision? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 |
| C3056  *(10402)* | During the last 3 months of pregnancy, but before labor started, did the mother have vaginal bleeding? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 |
| C3057  *(10396)* | During the last 3 months of pregnancy, labor or delivery did the mother suffer from high blood pressure? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 ***8, 2 or 9 →* C3059** |
| C3058  *(10396A)* | Did the high blood pressure start before or after labor began? | | 1. Before labor began 2. After labor began   9. Don’t know | | 🞎 |
| C3059  *(10399)* | During the last 3 months of pregnancy, labor or delivery, did the mother suffer from convulsions? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 ***8, 2 or 9 →* C3061** |
| C3060  *(10399A)* | Did the convulsions start before or after labor began? | | 1. Before labor began 2. After labor began   9. Don’t know | | 🞎 |
| C3061  *(10395)* | During labor, did the baby’s mother suffer from fever? | | 1, Yes  2. No  9. Don’t know | | 🞎 |
| C3062  *(10382)* | How many hours did the labor and delivery take?  *Record “00” if less than 1 hour.* | | | | **\_\_ \_\_** Hours  *(DK = 99)* |
| C3063  *(10403)* | Did the baby’s bottom, feet, arm or hand come out of the vagina before its head? | | 1. Yes 2. No   9. Don’t know | | 🞎 |
| **Inst\_4: If no pregnancy complications: (C3054≠1 and C3055≠1 and C3056≠1 and (C3057≠1 or C3058≠1) and (C3059≠1 or C3060≠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   9. 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: ((C3051≠1 and C3052=9,10) and (C3057≠1 or C3058≠2) and (C3059≠1 or C3060≠2) and C3061≠1 and C3062<12 and C3063≠1) *→* C3071.** | | | | | |
| C3066 | Did (you / she) ever receive 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.* | | 1. Yes 2. No   9. Don’t know | | 🞎***2 or 9 →* C3071** | |
| C3067 | Where did (you / she) receive this care or treatment?  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. □ | |
| C3068 | *Read:* Now I would like to ask about the last health provider where (you / the mother) received care for the labor or delivery symptoms.    *If she delivered at a health provider or facility (C3006=3-10 or C3006=1-2 and C3008=1-3), read:* Earlier you said that (you / she) delivered at <DELIVERY PLACE>. *(Confirm C3006 delivery place and C3008birth attendant if at home.)*  *If she did not deliver at a health provider or facility (C3006=11-12 or C3006=1-2 and C3008≠1-3), read:* What was the last health provider or facility where (you / she) received care for the labor or delivery symptoms?  *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 where the provider was seen.* | | Home:   1. Her own home with a doctor, nurse, midwife or auxiliary midwife 2. Another home with a doctor, nurse, midwife or auxiliary midwife   Public sector:   1. Government hospital 2. Government clinic/health center 3. Government health post 4. Other public (specify)   Private medical sector:   1. Private hospital 2. Private clinic 3. Private maternity home 4. Other private medical (specify)   99. Don’t know | | 🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| C3069 | Did the <LAST HEALTH PROVIDER> refer (you / the mother) to another health provider or facility? | | 1. Yes 2. No   9. Don’t know | | 🞎 | |
| C3070 | Was the baby delivered by the <LAST HEALTH PROVIDER>? | | 1. Yes 2. No   9. Don’t know | | 🞎 | |
| C3071  *(10115)* | Were there any bruises or signs of injury on the baby’s body at birth? | | 1. Yes 2. No   9. Don’t know  8. 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   9. Don’t know  8. 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   9. Don’t know  8. Refused to answer | 🞎 | |
| C3073\_2  *(10372)* | Did the baby/ child have a very large head at time of birth? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***1 → C3074*** | |
| C3073\_3  *(10373)* | Did the baby/ child have a very small head at time of birth? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| C3074  *(10111)* | Did the baby breathe immediately after birth, even a little? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | 🞎 |
| C3075  *(10105)* | Did the baby cry immediately after birth, even if only a little bit? | | 1. Yes 2. No   9. Don’t know  8. Refused to Answer | | 🞎 ***1 →* Inst\_6** |
| C3076  *(10106)* | 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 | | 🞎 |
| **Inst\_6: If the delivery was not preterm (C3051≠1 and C3052=9,10) or**  **not in a health facility (C3006=1, 2, 11, 12, 99) *→* C3078** | | | | | |
| C3077 | *For babies delivered preterm (C3051=1 or C3052<9 months) in a health facility (C3006=3-10), ask*: Was the baby put in an incubator after the birth? | | 1. Yes 2. No   9. Don’t know | | 🞎 |
| 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 | | 🞎 ***8, 2 or 9 → C3083*** |
| C3079 | How long after the birth was the baby put on the bare skin of (your / the mother’s) chest?  *If 1-23 hours, record number of hours.* | | 1. Immediately 2. Less than 1 hour 3. 1 hour or more 4. Don’t know | | □  □  Hours \_\_ \_\_  □ |
| 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\_7: If the delivery was not preterm (C3051≠1 and C3052=9,10) or**  **not in a health facility (C3006=1, 2, 11, 12, 99) *→* C3083** | | | | | |
| C3081 | *For babies delivered preterm (C3051=1 or C3052<9 months) in a health facility (C3006=3-10), ask:*  For how many hours each day was the baby directly on the bare skin of (your / the mother’s) chest?  *If less than 1 hour, record “00.”* | | | | **\_\_ \_\_** Hours  *(DK = 99)* |
| C3082 | *For babies delivered preterm (C3051=1 or C3052<9 months) in a health facility (C3006=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)* |
| C3083 | How long after birth was the baby first bathed? | | 1. Less than 6 hours 2. 7-23 hours 3. 24 hours or more 4. Not bathed before death   9. Don’t know | | 🞎 |
| 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   8. Refused to answer | | 🞎 ***1 → C3086*** |
| C3085  *(10272)* | Did the baby ever suckle in a normal way? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | 🞎 ***8, 2 or 9 →*C3091** |
| C3086  *(10273)* | Did the baby stop being able to suckle in a normal way? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | | 🞎 ***8, 2 or 9 →*** ***C3091*** |
| C3087  *(10274)* | How many days after birth did the baby stop suckling? | | | | **\_\_ \_\_** Days  *(DK = 99)* |
| C3088 | Was the baby able to open her/his mouth at the time s/he stopped suckling? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 |
| C3089  *(10284)* | During the illness that led to death, did the baby become cold to touch? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 ***8, 2 or 9 → C3091*** | |
| C3090  *(10285)* | At what age did the baby start feeling cold to touch?  *Record in days if less than 1 month, or in months if 1 month or more.*  *[Less than 24 hours = “00” days]* | | | | **\_\_ \_\_** Days  *(DK = 99)* | |
| **\_\_ \_\_** Months  *(DK = 99)* | |
| C3091  *(10275)* | Did the baby have convulsions 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  *(10286)* | During the illness that led to death, did the baby become lethargic, after a period of normal activity? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 |
| C3097  *(10281)* | During the baby’s first month of life, did s/he become unresponsive or unconscious? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 ***8, 2 or 9 →* C3101** |
| C3098  *(10282)* | Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎**1 *→* C3101** |
| C3099  *(10283)* | Did the baby become unresponsive or unconscious more than 24 hours after birth?  *If both C3098 and C3099 = “No,” discuss and reconcile this with the respondent.* | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | 🞎 |

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| **SECTION 7: PREVENTIVE CARE OF CHILDREN (FOR 28 DAYS – 11 YEARS 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\_8a: If Q1102≠ “1.High” *→*  Inst\_8b** | | | | |
| 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\_8b: If age > 4 years *→*  C3107** | | | | |
| C3102 | | Where (do you / does the mother) cook? | * 1. Inside the house   2. Outside the house   3. In a structure outside the house   9. Don’t know | 🞎 |
| C3103 | | When (you / the mother) cooked, was <NAME> usually beside or carried by (you / her)? | 1. Yes 2. No   9. Don’t know | 🞎 |
| C3104 | | Was <NAME> ever breastfed? | 1. Yes 2. No   9. Don’t know | 🞎***1 & age > 11 mos. → C3106***  ***2 or 9 → C3107*** |
| C3105 | | How long after birth was the baby first put to the breast?  *If 1-23 hours, record number of hours.*  *If 1 day or more, record number of days.* | 1. Immediately 2. Less than 1 hour 3. 1 hour or more 4. 1 day or more 5. Don’t know | □  □  Hours \_\_ \_\_  Days \_\_ \_\_  □ |
| C3106 | | Was <NAME> being breastfed on the day before the fatal illness began? | 1. Yes 2. No   9. Don’t know | 🞎 |
| 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. Yogurt? 2. Commercial baby food? 3. Bread, rice, noodles, porridge, or other foods made from grains? 4. Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside? 5. White potatoes, white yams, manioc, cassava, or other foods made from roots? 6. Any dark green, leafy vegetables? 7. Ripe mangoes, papayas or <INSERT ANY OTHER LOCALLY AVAILABLE VITAMIN A-RICH FRUITS>? 8. Any other fruits or vegetables? 9. Liver, kidney, heart or other organ meats? 10. Any meat, such as beef, pork, lamb, goat, chicken or duck? 11. Eggs? 12. Fresh or dried fish or shellfish? 13. Any foods made from beans, peas, lentils or nuts? 14. Cheese or other food made from milk? 15. Any other solid, semisolid or soft food?   (*Specify other solid, semisolid, soft food*) | Yes No DK  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1. □ 2. □ 9. □  1. □ 2. □ 9. □    1. □ 2. □ 9. □    1. □ 2. □ 9. □    1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □    1. □ 2. □ 9. □    1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| C3108  *(10429)* | | Now I would like to ask about the child’s vaccinations. Do you have a card where <NAME>’s vaccinations are written down?  *If “Yes,” ask:* May I see it please? | 1. Yes, card seen 2. Yes, but card not seen 3. No card | 🞎 ***2 or 3 → C3111*** |
| C3109  *(10430)* | | *Mark “Yes” for each BCG, OPV 0-3, IPV, PENTA 1-3 (DPT+HepB+Hib), PCV 1-3, R1-2, Measles and Rubella vaccination recorded on the card as received.*  *Do not mark any rows “No,” “NR” or “DK” at this time.* | BCG  Oral Polio Vaccine (OPV0)  Oral Polio Vaccine (OPV1)  Oral Polio Vaccine (OPV2)  Oral Polio Vaccine (OPV3)  PENTA (DPT+HepB+Hib) (Dose1)  PENTA (DPT+HepB+Hib) (Dose2)  PENTA (DPT+HepB+Hib) (Dose3)  Pneumococcal Conjugate Vaccine- (PCV1)  Pneumococcal Conjugate Vaccine- (PCV2)  Pneumococcal Conjugate Vaccine- (PCV3)  Rotavirus 1 (R1)  Rotavirus 2 (R2)  Inactivated Polio Vaccine (IPV)  MEASLES- RUBELLA1  MEASLES- RUBELLA2 | Sim  □  □  □  □  □  □  □  □  □  □  □  □  □  □  □  □ |
| C3110 | | Did <NAME> receive any vaccinations that are not included on this card, including vaccinations received in a national immunization day campaign?  *If “Yes,” probe for vaccinations received but not recorded on the card.*   * *Mark ‘NR’ for each vaccination received but not recorded on the card.* * *Mark ‘No’ for each vaccination not recorded on the card and said to not be received.* * *Mark ‘DK’ if the respondent does not know if a vaccination was received.* * *Do not leave any rows blank.*   *If “No,” mark all vaccinations not recorded on the card as ‘No’.*  *If “Don’t know,” mark all vaccinations not recorded on the card as ‘DK’.* | BCG  Oral Polio Vaccine (OPV0)  Oral Polio Vaccine (OPV1)  Oral Polio Vaccine (OPV2)  Oral Polio Vaccine (OPV3)  PENTA (DPT+HepB+Hib) (Dose1)  PENTA (DPT+HepB+Hib) (Dose2)  PENTA (DPT+HepB+Hib) (Dose3)  Pneumococcal Conjugate Vaccine- (PCV1)  Pneumococcal Conjugate Vaccine- (PCV2)  Pneumococcal Conjugate Vaccine- (PCV3)  Rotavirus 1 (R1)  Rotavirus 2 (R2)  Inactivated Polio Vaccine (IPV)  MEASLES- RUBELLA1  MEASLES- RUBELLA2 | Não NR NS  2. □ 3. □ 9. □  2. □ 3. □ 9. □  2. □ 3. □ 9. □  2. □ 3. □ 9. □  2. □ 3. □ 9. □  2. □ 3. □ 9. □  2. □ 3. □ 9. □  2. □ 3. □ 9. □  2. □ 3. □ 9. □  2. □ 3. □ 9. □  2. □ 3. □ 9. □  2. □ 3. □ 9. □  2. □ 3. □ 9. □  2. □ 3. □ 9. □  2. □ 3. □ 9. □  2. □ 3. □ 9. □  ***After completing the card***  ***→ 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 | 🞎 ***8, 2 or 9 → C3112*** |
| Please tell me if <NAME> received any of the following vaccinations: |  | |
|  | **.1** | 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** | Oral Polio vaccine, that is, drops in the mouth? | 1. Yes 2. No   9. Don’t know | 🞎***2 or 9 →*** **C3111.5** |
|  | **.3** | When was the first oral polio vaccine received, just after birth or later? | 1. Just after birth 2. Later   9. Don’t know | 🞎 |
|  | **.4** | How many times was the oral polio vaccine received? | | **\_\_ \_\_** Times  *(DK = 99)* |
|  | **.5** | 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 was a DPT vaccination received? | | **\_\_ \_\_** Times  *(DK = 99)* |
| **.7** | 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 was a PENTA (DPT+HepB+Hib) vaccination received? | | **\_\_ \_\_** Times  *(DK = 99)* |
| **.9** | 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 | 🞎***8, 2 or 9 →* C3111.11** |
| **.10** | How many times was a PCV vaccination received? | | **\_\_ \_\_** Times  *(DK = 99)* |
| **.11** | A rotavirus (R) 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 | 🞎***8, 2 or 9 →* C3111.13** |
|  | **.12** | How many times was a rotavirus vaccination received? | | **\_\_ \_\_** Times  *(DK = 99)* |
|  | **.13** | An Inactivated Polio Vaccine (IPV) is an injectable vaccine in the shoulder or thigh at the age of 6 weeks or older and it can be administered alone or in combination with other vaccines (e.g., DPT, hepatitis B, and haemophilus influenza)? | 1. Yes 2. No 3. 9. Don’t know | 🞎 |
|  | **.14** | A measles or rubella injection, that is, a shot in the arm at the age of 9 months or older, to prevent measles, mumps and rubella? | 1. Yes 2. No 3. 9. Don’t know | 🞎 |
| 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 | 🞎 |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 8: SIGNS AND SYMPTOMS ASSOCIATED WITH THE FATAL ILLNESS (FOR CHILD DEATHS 28 DAYS – 11 YEARS OLD)**  *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, 2 or 9 →* C3128** |
| C3122 | At what age did the fever start?  *[Less than 24 hours = “00” days]*  *Record in days if less than 1 month, or in months between 1 and 11 months and in years if 1 year or more.* | | **\_\_ \_\_** Days  *(DK = 99)* |
| **\_\_ \_\_** Months  *(DK = 99)* |
| **\_\_ \_\_** Years  *(DK = 99)* |
| 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 | 🞎 |
| C3127  *(10152)* | Did the child have night sweats? | 1. Yes 2. No 3. 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 | 🞎 |
| C3129  *(10270)* | Did s/he drink a lot more water than usual? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| C3130  *(10181)* | During the illness that led to death, did <NAME> have 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 |
| C3131  *(10183)* | How many stools did <NAME> have on the day that loose liquid stools were most frequent? | | **\_\_ \_\_** Stools  *(DK = 99)* |
| C3132  *(10184)* | How many days before death did the frequent loose or liquid stools start?  *Less than 24 hours = “00” days.* | | **\_\_ \_\_** Days  *(DK = 99)* |
| C3133  *(10185)* | Did the frequent loose or liquid stools continue until death? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***1 →*** C3135 |
| C3134 | How many days before death did the loose or liquid stools stop?  *Less than 24 hours = “00” days.* | | **\_\_ \_\_** Days  *(DK = 99)* |
| C3135  *(10186)* | At any time during the fatal illness was there visible blood in the loose or liquid stools? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → C3137*** |
| C3136  *(10187)* | Was there blood in the stools up until death? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| 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 | 🞎 |
| 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 | 🞎 |
| C3141  *(10193)* | Did s/he have any belly (abdominal) problem? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3142  *(10194)* | Did s/he have any belly (abdominal) pain? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 →* C3146** |
| C3143  *(10195)* | Was the belly (abdominal) pain severe? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3144\_units  *(10196\_units)* | For how long did (s)he have belly (abdominal) pain?  *Enter 1 unit only: 0-23 hours, 1-30 days, or 1-60 months. 1 week = 7 days. In case of "Doesn't know" or "Refused to answer" and if the response to Id10195 (C3143) was "Yes", go to "Id10199" (C3145). If the response to Id10195 (C3143)was "No", "Don't know" or "Refused to answer", skip to Id10200 (C3146).* | 1. Hours 2. Days 3. Months   9. Don’t know  8. Refused to answer | 🞎 ***2 →* C3144\_a**  ***3 → C3144\_b*** |
| C3144  *(10196)* | [Enter how long (s)he had belly (abdominal) pain in hours]:  *Enter 1-23 hours. If Id10195 (C3143)=Yes, go to "Id10199" (C3145). If the response to Id10195 (C3143) was "No", "Don't know" or "Refused to answer", skip to Id10200 (C3146).* | | **\_\_ \_\_** Hours  *(DK = 99)* |
| C3144\_a  *(10197\_a)* | [Enter how long (s)he had belly (abdominal) pain in days]:  *Enter 0-30 days. 1 week = 7 days. If Id10195 (C3143) =Yes, go to "Id10199" (C3145). If the response to Id10195 was "No", "Don't know" or "Refused to answer", skip to Id10200 (C3146).* | | **\_\_ \_\_** Days  *(DK = 99)* |
| C3144\_b  *(10198)* | [Enter how long (s)he had belly (abdominal) pain in months]:  *Enter 1-60 months. If Id10195 (C3143)=Yes, go to "Id10199". If the response to Id10195 (C3143) was "No", "Don't know" or "Refused to answer", skip to Id10200 (C3146).* | | **\_\_ \_\_** Months  *(DK = 99)* |
| C3145  *(10199)* | Was the pain in the upper or lower abdomen? | 1. Upper abdomen 2. Lower abdomen 3. Upper and lower abdomen   9. Don’t know  8. 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 belly (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 belly (abdomen) in days]  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | **\_\_ \_\_** Days  *(DK = 99)* |
| C3147\_b  *(10202)* | [Enter how long before death (s)he had a more than usually protruding belly (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 belly (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 belly (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 belly (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, 2 or 9 → C3158*** |
| C3152\_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 →* C3152\_b**  ***8 or 9 →* C3153** |
| C3152\_a  *(10154\_b)* | [Enter how long the cough lasted 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\_c)* | [Enter how long the cough lasted 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  *(10159)* | During the illness that led to death, did <NAME> have difficulty breathing? | 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 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 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 lasted in months]:  *Enter 1-11 months* | | **\_\_ \_\_** Months ***→* C3160**  *(DK = 99)* |
| C3159\_c  *(10163)* | [Enter how long the difficult breathing lasted in years]:  *Enter 1 or more years* | | **\_\_ \_\_** Years  *(DK = 99)* |
| C3160  *(10165)* | Was the difficult 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 →*** ***C3164*** |
| 3162 | 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 month 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 →* C3164** |
| 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 ***→* C3164**  *(DK = 99)* |
| C3163\_b  *(10167\_c)* | [Enter how long the fast breathing lasted in months]:  *Enter 1-60 months* | | **\_\_ \_\_** Months  *(DK = 99)* |
| C3164  *(10168)* | During the illness that led to death, did the child have breathlessness? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 →* C3166** |
| C3165\_units  *(10169\_units)* | How long did s/he have breathlessness?  *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 →* C3165\_b**  ***8 or 9 →* C3166** |
| C3165\_a  *(10169\_b)* | [Enter how long the breathlessness lasted in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | **\_\_ \_\_** Days ***→* C3166**  *(DK = 99)* |
| C3165\_b  *(10169\_c)* | [Enter how long the breathlessness lasted in months]:  *Enter 1-60 months* | | **\_\_ \_\_** Months  *(DK = 99)* |
| C3166  *(10172)* | *Ask this only for children <5 years:*  During the illness that led to death, did you see the lower chest wall/ribs being pulled in as the child breathed? | 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)* |
| C3173  *(10207)* | Did <NAME> have a severe headache? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3174  *(10208)* | Did <NAME> have a stiff 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 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 the stiff neck lasted 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 the stiff neck lasted in months]:  *Enter 1-60 months* | | **\_\_ \_\_** Months  *(DK = 99)* |
| C3176  *(10210)* | Did <NAME> have a 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 →* C3178** |
| C3177\_units  *(10211\_units)* | How long before death did s/he have a stiff 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 →* C3177\_b**  ***8 or 9 →* C3178** |
| C3177\_a  *(10211\_a)* | [Enter how long the stiff neck lasted in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | **\_\_ \_\_** Days ***→* C3178**  *(DK = 99)* |
| C3177\_b  *(10211\_b)* | [Enter how long the stiff neck lasted 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 1-99 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  *(10218)* | Did the unconsciousness continue until death? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| C3182  *(10219)* | During the illness that led to death, did <NAME> have convulsions? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 ***8, 2 or 9 →* C3186\_1** |
| C3183  *(10220)* | Did s/he experience any generalized convulsions or fits during the illness that led to death? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3184  *(10221)* | For how many minutes did the convulsions last?  *Less than 1 minute = “00” minutes.* | | **\_\_ \_\_** Minutes  *(DK = 99)* |
| 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 | 🞎 |
| C3188  *(10225)* | During s/he go to urinate more often than usual? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3189  *(10227)* | Did she have sores or ulcers anywhere on the body? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → C3191*** |
| C3190  *(10229)* | Did the sores or ulcers have pus? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3191  *(10230)* | Did s/he have an ulcer (pit) on the foot? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → C3194*** |
| C3192  *(10231)* | Did the ulcer on the foot ooze pus? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎***8, 2 or 9 → C3194*** |
|  |  | |  |
| C3193\_units  *(10232\_units)* | How long did the ulcer on the foot ooze 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 stiff neck lasted 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 stiff neck lasted in months]:  *Enter 1-60 months* | | **\_\_ \_\_** Months  *(DK = 99)* |
| 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 | 🞎 |
| 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)* | How many days did the rash last? | | **\_\_ \_\_** Days  *(DK = 99)* |
| 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 | 🞎 |
| 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  *(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 →* C3206** |
| 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 | 🞎 |
| C3204\_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  *(DK = 99)* |
| C3204\_b  *(10248\_b)* | [Enter how long the face puffiness lasted in months]  *Enter 1-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| C3205  *(10252)* | Did s/he have general puffiness all over her/his 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 →* C3210** |
| 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 | 🞎 |
| 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  *(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  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)* | Which were the limbs or body parts paralyzed? | 1. Right side 2. Left side 3. Lower part of body 4. Upper part of body 5. One leg only 6. One arm only 7. Whole body 8. Other   9. Don’t know  8. Refused to answer | 🞎 |
| C3219  *(10261)* | Did s/he have difficulty 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 before death did s/he have difficulty 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 | 🞎 |
| C3220\_a  *(10262\_a)* | [Enter how long the difficulty swallowing lasted in days]  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | **\_\_ \_\_** Days  *(DK = 99)* |
| C3220\_b  *(10262\_b)* | [Enter how long the difficulty swallowing lasted in months]  *Enter 1-60 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| C3221  *(10263)* | Was the difficulty with swallowing with solids, liquids or both? | 1. Solids 2. Liquids 3. Both | 🞎 |
| C3222  *(10264)* | Did s/he have pain upon swallowing? | 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 | 🞎 |
| C3224  *(10241)* | During the illness that led to death, did <NAME> bleed from anywhere? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 →* C3226** |
| 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   9. Don’t know  8. Refused to answer | 🞎 ***2 → C3251*** |
| C3227\_1  *(10079)* | Was it a road traffic accident? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 ***8, 2 or 9→* C3227\_4** |
| C3227\_2  *(10080)* | What was her/his role in the road traffic accident? | 1. Pedestrian 2. Driver or passenger in car or light vehicle 3. Driver or passenger in bus or heavy vehicle 4. Driver or passenger on a motorcycle 5. Driver or passenger on a pedal cycle 6. Other 7. Don’t know   8. Refused to answer | 🞎 |
| C3227\_3  *(10081)* | What was the counterpart that was hit during the road traffic accident? | 1. Pedestrian 2. Stationary object 3. Car or light vehicle 4. Bus or heavy vehicle 5. Motorcycle 6. Pedal cycle 7. Other 8. Don’t know   8. Refused to answer | 🞎 ***→* C3227\_20** |
| C3227\_4  *(10082)* | Was (s)he injured in a non-road transport accident? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| 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 | 🞎 |
| 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 | 🞎 |
| 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 | 🞎 |
| C3227\_8  *(10086)* | Was (s)he injured by a bite or sting by venomous animal?  *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 | 🞎 |
| C3227\_11  *(10089)* | Was (s)he injured by burns/fire? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| C3227\_12  *(10090)* | Was (s)he subject to violence (suicide, homicide, abuse)?  *Don't say suicide for under-12-year olds* | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| C3227\_13  *(10091)* | Was (s)he injured by a firearm? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| C3227\_14  *(10092)* | Was (s)he stabbed, cut or pierced? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| C3227\_15  *(10093)* | Was (s)he strangled? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| C3227\_16  *(10094)* | Was (s)he injured by a blunt force? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| C3227\_17  *(10095)* | Was (s)he injured by a force of nature? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| C3227\_18  *(10096)* | Was it electrocution?  *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\_19  *(10097)* | Did (s)he encounter any other injury? | 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 | How long did <NAME> survive after the injury?  *Record hours if less than 24 hours—Less than 1 hour = “00” hours;*  *Record days if 1 day or more.* | | **\_\_ \_\_** Hours  *(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. | | | | | | | | | | | | | | | | |
| C3251 | When it was first noticed that <NAME> was ill, was s/he…  *Read the choices for each condition.* | | | | | | 1. Feeding normally, feeding poorly (medium), or not feeding at all (abnormal)? 2. Normally active, less active than normal (medium), or not moving (abnormal)? | | | | | | Normal Medium Abnormal 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? | | | | | | 1. Yes 2. No—care not needed, given or sought   9. Don’t know | | | | | | 🞎***2 →* C3255**  ***9 →* C3288** | | | |
| 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 <NAMfE> was on route to but did not reach before dying.*  *For Children 28 days – 11 years old: 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.*   1. *If the illness lasted 3 months or more, 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. (2A) For 28 day – 11 month old deaths only: If the illness began at the provider where the child was delivered, then mark that as Action 1 and check the ‘Illness began at provider’ box. (4) Mark the symptom(s) that were present when each action was taken.* 2. *If the illness lasted less than 3 months, 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.* | | | | | | | | | | | | | | | |
| **(1)**  **Action** | **(2)**  **Other care** | | | | **(2)**  **Health care providers** | | | | | | | | |  | | **(4)** |
| **# 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** | | **(2A)**  **Illness began at provider where child was delivered** | |  | | **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\_9: (For 28 day-11 month old deaths only) If the illness began at the health provider where the child was delivered:***  ***A) and did not fill C3068 → C3259; B) and filled C3068 → C3263*** | | | | | | | | | | | | | | | | |
| ***Inst\_10: If C3253 ≠ “Health care provider” (Never took to a health care provider) → C3255*** | | | | | | | | | | | | | | | | |
| C3254 | *If any formal care given or sought, ask:* Who decided to seek care for <NAME>’s illness from the <FIRST FORMAL PROVIDER>?  *Record the one main decision maker, or the mother and father jointly (4).* | | | | | | 1. Child’s mother 2. Child’s father 3. Child’s mother and father, jointly 4. Child’s maternal grandmother 5. Child’s paternal grandmother 6. Someone else (*specify*)   9. Don’t know | | | | | | 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| C3255 | ***If never taken to a health provider, ask:*** Did you have any concerns or problems that kept you from taking <NAME> to a health provider during the illness?  ***If taken to a health provider, ask:***  Did you have to overcome any concerns or problems to take <NAME> to the (first) health provider? | | | | | | 1. Yes 2. No   9. Don’t know | | | | | | 🞎 ***8, 2 or 9 → Inst\_11*** | | | |
| C3256 | What concerns or problems did (you / you or <NAME>) have?  *Prompt:* Was there anything else?  *Multiple answers allowed.* | | | | | | 1. Did not think child/adult was sick enough to need health care 2. No one available to accompany 3. Too much time from caregiver’s duties 4. Someone else *(specify)* had to decide 5. Too far to travel 6. No transportation available 7. Cost (transport, health care, other) 8. Not satisfied with available health care 9. Problem required traditional care 10. Thought s/he was too sick to travel 11. Thought s/he will die no matter what 12. Was late at night (transportation or provider not available) 13. Other *(specify)*   99.Don’t know | | | | | | 1. □  2. □  3. □  4. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. □  6. □  7. □  8. □  9. □  10. □  11. □  12. □  13. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  99. □ | | | |
| ***Inst\_11: If C3252 = 2 (No care given or sought) or If C3253 ≠ “Health provider” (Never took to a health provider) → C3351*** | | | | | | | | | | | | | | | | |
| 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 <NAME> was delivered / where you took <NAME>)?  *Probe to identify the type of provider or facility. 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   99. Don’t know | | | | | | | C3259  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | | | C3269  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of  Provider/Facility) | |
| *For health care at a facility* (C3259 = 1, 2,3,4, 6, 7,8,9,11)*, 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 →* C3288**  ***3, 9 → Inst\_12*** | | | | C3270  🞎 ***2-9 → Inst\_13*** | |
| After (deciding to seek care / being referred), how long did it take (to reach the <FIRST/LAST HEALTH PROVIDER> / for the <FIRST/LAST HEALTH PROVIDER> to reach <NAME>)?  *Read “…for the provider to reach <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)* | | | | C3271  **\_\_ \_\_** Hours  *(DK = 99)* | |
| **\_\_ \_\_** Minutes  *(DK = 99)*  **C3259 *≠ 1, 7 (Hospital)***  ***→*C3263** | | | | **\_\_ \_\_** Minutes  *(DK = 99)*  ***C3269 ≠ 1, 7 (Hospital)***  ***→* C3273** | |
| Did the <FIRST/LAST HEALTH PROVIDER> admit <NAME> to the hospital for his/her problem? | | | | 1. Yes 2. No 3. Don’t know | | | | | | | C3262  🞎 | | | | C3272  🞎 | |
| Did the <FIRST/LAST HEALTH PROVIDER> refer <NAME> to another health provider or facility? | | | | 1. Yes 2. No   9. Don’t know | | | | | | | C3263  🞎 ***2 or 9 →* C3265** | | | | C3273  🞎 ***2 or 9 →* C3275** | |
| To where was <NAME> referred?  *Probe to identify the type of provider or facility. If the d was referred to a trained CHW, nurse or midwife at a health facility, then mark the type of facility. Use option 5 or 10 only if the provider was to be seen outside of a health facility.* | | | | Public sector:   1. Government hospital 2. Government health center 3. Government health post 4. Mobile clinic 5. Trained CHW, nurse or midwife (outside a health facility) 6. Other public sector   Private medical sector:   1. Private hospital 2. Private doctor/clinic 3. Mobile clinic 4. Trained CHW, nurse or midwife (outside a health facility) 5. Other private medical sector   99. Don’t know | | | | | | | C3264  🞎🞎 ***→* C3266**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | | | C3274  🞎🞎 ***→* C3276**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of  Provider/Facility) | |
| Did the <FIRST/LAST HEALTH PROVIDER> tell you about illness signs and symptoms for which...  *Read the choices and mark “Yes,” “No” or “Don’t know” for each.* | | | | 1. <NAME> needs to return immediately? 2. To follow-up if <NAME> did not improve after leaving? | | | | | | | C3265  Yes No DK  1. □ 2. □ 9. □  1. □ 2. □ 9. □ | | | | C3275  Yes No DK  1. □ 2. □ 9. □  1. □ 2. □ 9. □ | |
| 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\_13*** | |
| At the time of leaving the (<FIRST/ LAST HEALTH PROVIDER>, was <NAME>…  *Read the choices and mark “Normal,” “Moderate,” “Severe” or “Don’t know” for each condition.* | | | | 1. Feeding normally, feeding poorly, or not feeding at all 2. Normally active, less active than normal, or not moving | | | | | | | C3267  Nrml Mod Svr DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □ | | | | C3277  Nrml Mod Svr DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □ | |
| ***Inst\_12: Check C3253→ If taken to another health provider…*** | | | | | | | | | | | ***→* C3268**  ***(LAST PROVIDER)*** | | | |  | |
| ***Inst\_13: If C3263 = 1 (referred) or C3273 = 1 (referred) → continue with C3278.***  ***Otherwise → Inst\_14*** | | | | | | | | | | | | | | | | |
| 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   9. Don’t know | | | | | | | 🞎 | | | |
| C3279 | ***If not taken to (all) the referral provider(s), ask:***  Did you have any concerns or problems that kept you from taking <NAME> to a health provider where s/he was referred?  ***If taken to (all) the referral provider(s), ask:***  Did you have to overcome any concerns or problems to take <NAME> to a health provider where s/he was referred? | | | | | 1. Yes 2. No   9. Don’t know | | | | | | | 🞎 ***2 or 9 → Inst\_14*** | | | |
| C3280 | What concerns or problems did you have?  *Prompt:* Was there anything else?  *Multiple answers allowed.* | | | | | 1. Provider didn’t say referral so important 2. Thought no more care needed 3. No one available to accompany 4. Too much time from caregiver’s duties 5. Someone else *(specify)* decided 6. Too far to travel 7. No transportation available 8. Cost (transport, health care, other) 9. Not satisfied with available care 10. Went to a different provider/facility 11. Problem required traditional care 12. Thought s/he was too sick to travel 13. Thought s/he will die despite care 14. Was late at night 15. The child/adult died before going 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\_14: If C3259, C3269, C3264 or C3274 = 1-4, 6-9 or 11 (seen at any health facility) → continue with C3281;***  ***Otherwise →C3287)*** | | | | | | | | | | | | | | | | |
| C3281 | Did you have to pay any money to travel to (the / any) health provider?  *Read “…any health provider?” if the deceased went to more than one provider.* | | | | | 1. Yes 2. No   9. Don’t know | | | | | | | 🞎 ***2 or 9 → C3283*** | | | |
| C3282 | How did you arrange for the money to travel?  *Multiple answers allowed. If “Don’t know,” mark only ‘9’.* | | | | | 1. Had available 2. Borrowed 3. Sold assets 4. Help from kin/relatives 5. Community fund 6. Govt. scheme 7. Other   9. Don’t know | | | | | | | 1. □  2. □  3. □  4. □  5. □  6. □  7. □  9. □ | | | |
| C3283 | What transportation method was used to go to the health provider(s)?  *Multiple answers allowed. If “Don’t know,” mark only ‘9’.*  *LOCAL ADAPTATION: The response categories should be disaggregated and locally adapted as necessary.* | | | | | 1. Walk 2. Bicycle/animal/cart/ boat 3. Bus 4. Taxi/auto/trecker/motorcycle 5. Ambulance 6. Other 7. Could not arrange transport 8. Don’t know | | | | | | | 1. □  2. □  3. □  4. □  5. □  6. □  7. □  9. □ | | | |
| C3284  *(10452)* | Were there any problems during admission to the hospital or health facility? | | | | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | | | | | | | 🞎 | | | |
| C3285  *(10453)* | 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 | | | | | | | 🞎 | | | |
| C3286  *(10454)* | 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 | | | | | | | 🞎 | | | |
| C3287  *(10458)* | 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 (first noticing the illness / <LAST ACTION C3253> / leaving the first/last health provider) did <NAME> die?  *If C3252 = 2 (No care given), then read: “…first noticing the illness…”* | | | | | | | | | | | | **\_\_ \_\_** Days  *(<1 = 00; DK = 99)* | | | |
| ***Inst\_15: If C3252 = 2 (No care given) or***  ***if C3253 ≠ “Health Provider” (Never took to a health provider) → C3351*** | | | | | | | | | | | | | | | | |

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| **SECTION 11: TREATMENTS RECEIVED DURING THE FATAL ILLNESS (CHILD DEATHS)** | | | | |
| 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 | 🞎 | |
| C3304  *(10437)* | Do you have any health care records that belonged to the deceased? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 →* C3310\_1** | |
| C3305  *(10438)* | Can I see the health records? | 1. Yes 2. No | 🞎 ***2 →* C3310\_1** | |
| C3306\_1check  *(10439\_check)* | Is the date of the most recent (last) visit available? | 1. Yes 2. No | 🞎 ***2→*** ***C3306\_2check*** | |
| C3306\_1  *(10439)* | Record the date of the most recent (last) visit | | **\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_**  D D M M Y Y Y Y  *(DK = 99/99/9999)* | |
| C3306\_2check  *(10440\_check)* | Is the date of the second most recent visit available? | 1. Yes 2. No | 🞎 ***2→*** C3307 | |
| C3306\_2  *(10440)* | Record the date of the second most recent visit | | **\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_**  D D M M Y Y Y Y  *(DK = 99/99/9999)* | |
| C3307  *(10441)* | *Record the date of the last note on the health records* | | **\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_**  D D M M Y Y Y Y  *(DK = 99/99/9999)* | |
| C3308  *(10442)* | Record the weight (in kilograms) written at the most recent (last) visit | | **\_\_ \_\_ \_\_ \_\_** Kilograms  *(DK = 9999)* | |
| C3309  *(10444)* | *Transcribe the last note on the health record* | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 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 | 🞎 | |
| 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 | 🞎 | |
| 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 | 🞎 | |
| 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 death certificate issued? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 →* C3363** |
| C3352  *(10463)* | Can I see the death certificate? | 1. Yes 2. No | 🞎 ***2 →* C3363** |
| C3353  *(10464)* | *Record the immediate cause of death from the death certificate* |  | |
| C3354  *(10465)* | *Duration (1a)* |  | |
| C3355  *(10466)* | *Record the first underlying cause of death from the death certificate* |  | |
| C3356  *(10467)* | *Duration (1b)* |  | |
| C3357  *(10468)* | *Record the second underlying cause of death from the death certificate* |  | |
| C3358  *(10469)* | *Duration (1c)* |  | |
| C3363  *(10069\_a)* | Do you have a death registration certificate?  *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* | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **SECTION 13: THE HOUSEHOLD**  *Read: Now I would like to ask you some other questions about (yourself / the child’s mother).*  *If the respondent is the mother, read “about yourself.” If the respondent is not the mother, read “…about the child’s mother.”* | | | |
| ***Inst\_16: If Q1403 = 2 (Respondent is the child’s mother) → C3405*** | | | |
| 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 | 🞎 ***8, 2 or 9 → C3405*** |
| C3403 | What is the highest level of school she attended? | *Classe/ano*   1. *Pré-escolar(01-02-03)* 2. *Alfabetizacao (Ano: 01-02-03)* 3. Primário EP1 ( Classe: 01-05) 4. Primário EP2 (Classe: 06-07) 5. Secundário ESG1 (Classe: 08-10) 6. Secundário ESG2 ( Classe:11-12) 7. Técnico Elementar (Ano: 01-03) 8. Técnico básico (Ano: 01-03) 9. Técnico médio (Ano: 01-03) 10. Formação de professors primaries (Ano: 01-03) 11. Superior (Ano: 01-07)   Não sabe | 🞎 |
| C3404 | What is the highest [GRADE/YEAR] she completed at that level?  *If completed less than 1 year at that level, record ‘00’.* | | \_\_ \_\_ Grade/Year  *(DK = 99)* |
| 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 | 🞎 ***3 → Inst\_17*** |
| C3406 | How old (were you when you / was she when she) first married (or lived with a man)?  *Read “…was she when she…” if the respondent is not the mother.*  *Read “…married or lived with a man?” if C3405 = “2. Living with a man.”* | | \_\_ \_\_ Years  *(DK = 99)* |
| C3407 | Did (your / the mother’s) (husband/partner) ever attend school?  *Read “…partner…” if she was living with a man.* | 1. Yes 2. No   9. Don’t know | 🞎  ***2 or 9 → Inst\_17*** |
| C3408 | What was the highest level of school he attended? | *Classe/ano*   1. *Pré-escolar(01-02-03)* 2. *Alfabetizacao (Ano: 01-02-03)* 3. Primário EP1 ( Classe: 01-05) 4. Primário EP2 (Classe: 06-07) 5. Secundário ESG1 (Classe: 08-10) 6. Secundário ESG2 ( Classe:11-12) 7. Técnico Elementar (Ano: 01-03) 8. Técnico básico (Ano: 01-03) 9. Técnico médio (Ano: 01-03) 10. Formação de professors primaries (Ano: 01-03) 11. Superior (Ano: 01-07)   Não sabe | 🞎 |
| C3409 | What was the highest [GRADE/YEAR] he completed at that level?  *If completed less than 1 year at that level, record ‘00’.* | | **\_\_** \_\_ Grade/Year  *(DK = 99)* |
| ***Inst\_17: Read:*** Now I would like to ask you some questions about your household. Please remember that all information will be kept confidential.    *Always read “…your…” and ask C3410–* *C3414 about the respondent’s household.* | | | |
| C3410 | Is this the house (where we are now) where you stayed during the child’s fatal illness?  *Read “…where we are now…” if needed to clarify which house you are talking about.* | 1. Yes 2. No   9. Don’t know | 🞎 ***1 → C3413***  ***9 → C3454*** |
| C3411 | Where did you) stay at that time?    *Probe*: Where did you stay during the illness? | 1. Her/His own home at that time (different from the current location) 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 → C3454***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C3412 | What is the address of the place where you stayed?  *LOCAL ADAPTATION: Levels 1 and 2 mean the largest and second largest geographic divisions in the country.* | Level 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Level 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎🞎🞎  🞎🞎🞎 |
| C3413 | At the time of the illness events, how long had you / your <RELATIVES>) been living continuously in (this / that) community?  Read “…<RELATIVES>…” if C3411 = 2-5 (s/he stayed with her/his relatives). | | \_\_ \_\_ Years  *(<1 = 00; DK =99)* |
| 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. | | \_\_ \_\_ 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.  *Child deaths: Always read “…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; then enter the code.* | 1. Education/schools 2. Health services/clinics 3. Paid job opportunities 4. Credit/finance 5. Roads 6. Public transportation 7. Water distribution 8. Sanitation services 9. Agriculture 10. Justice/conflict resolution 11. Security/police services 12. Mosque/church/temple 13. Other   *(specify)* | Yes No DK  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Code:   1. One or more issues identified 2. No issue identified | 🞎 |
| C3452 | In the 12 months before <NAME>’s death, were you) an active participant in any of the following types of groups in the community?  *Read all the groups and mark “Yes,” “No” or “Don’t know” for each one; then enter the code.* | 1. Vocational training group 2. Savings group or microcredit program 3. Community cooperative, such as an agricultural cooperative 4. Political group 5. Religious group 6. Sports club 7. Youth / student club 8. Women’s group 9. Other   *(specify)* | Yes No DK  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Code:*   1. One group identified 2. Two or more groups identified 3. No groups identified | 🞎 |
| C3453 | Did you turn to any of the following people or groups in the community for help during the child’s fatal illness?  *Read all the options and mark (“X”) Yes, No or DK for each; then enter the code.* | 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)* | Yes No DK  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Code:*   1. One person/group identified 2. Two or more persons/groups identified 3. No person/group identified | 🞎 |
| C3454  *(10126)* | *Read:* Now I have four last questions about the child and the child’s mother.  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  *(10445)* | 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 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)**    C3471 (*10476)*  *Note: This is an optional question, to be asked or not as determined by the study site.*  *Read:* Thank you for answering the many questions that I’ve asked. Would you like to tell me about <NAME>’s illness in your own words? Also, is there anything else about her/his illness that I did not ask and you would like to tell me about?  *After the respondent(s) finishes, ask*: Is there anything else?  *Write the respondent’s exact words. After s/he has finished, read this back and ask her to correct any errors in what you wrote.* | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| C3472  *(10478)* | Are any of the following words of interest mentioned in the above narrative? | 1. Abdomen 2. Cancer 3. Dehydration 4. Dengue fever 5. Diarrhea 6. Fever 7. Heart problems 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.* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |