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| **SECTION 2: BACKGROUND** | | | |
| **2.1 GENERAL DELIVERY CONTEXT (28 DAYS-11 MONTHS OLD DEATHS)** | | | |
| 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 | 🞎 ***1, 2, 8 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 many months 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 choices. Respondent should hear all choices and then respond. “Home” includes the mother’s, birth attendant’s or any other home*.  *If the child was born in a health facility, ask:* What was the name of the (hospital / health facility)? | 1. Home   Public sector health facility:   1. Government hospital 2. Government clinic/health center 3. Government health post 4. Mobile clinic 5. Other public sector   Private sector health facility:   1. Private hospital 2. Private doctor/clinic 3. Mobile clinic 4. Other private medical   Public or private   1. On route to a health provider or facility 2. Oher (specify)   99. Don’t know  88. Refused to answer | 🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Hospital/Facility)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C3008  *(10361)* | Who (at the facility) assisted the delivery of the baby?  *Read “...at the facility...” if she delivered at a health facility.*  *If more than one person assisted, mark the person highest in the list.* | Health professional:   1. Doctor 2. Nurse / Midwife 3. Auxiliary midwife   Other person:   1. Traditional birth attendant 2. Community health worker 3. Relative / Friend 4. Other (specify)   8. No one  9. Don’t know | 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **2.4 BACKGROUND (CHILD DEATHS)** | | | |
| C3012  *(10017)* | What was the first or given name(s) of the deceased?  *Ask this only if the name is not already known (from Q1202).* | |  |
| ***Inst\_1: child deaths 28 days-4 years →* Inst\_3**  ***Child deaths 5 – 11 years → continue with 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 s/he attended? | *Grade/Year*   1. *Pre-school(01-02-03)* 2. *Literacy class (Year: 01-02-03)* 3. Primary EP1 (Grade: 01-05) 4. Primary EP2 (Grade: 06-07) 5. Secondary ESG1 (Grade: 08-10)   99. Don’t know  88. Refused to answer | 🞎 |
| ***Inst\_2: Child deaths <9 years →*** **Inst\_3** | | | |
| C3018  *(10065)* | What was her/his economic activity status in the year prior to death?  *For example: If s/he spent most of her/his time on any economic activity such as working in the field, or selling some products, then C3018 = 2 "mainly employed."* | 1. Mainly unemployed (not at work) 2. Mainly employed (at work) 3. Homemaker 4. Pensioner 5. Student 6. Other *(specify)* 7. Don’t know   8. Refused to answer | 🞎 ***≠ 2 → C3019\_units***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C3018\_1  *(10066)* | What was her/his occupation, that is, what kind of work did s/he mainly do? |  | |
| ***Inst\_3: Child deaths 28 days – 11 months →* C3053**  ***Child deaths 1 – 11 years →* C3101** | | | |

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| **SECTION 6: SIGNS AND SYMPTOMS ASSOCIATED WITH THE FATAL ILLNESS (28 DAYS – 11 MONTHS OLD DEATHS)**  *Read:* Now I’d like to ask you about the pregnancy and <NAME>’s condition in the first month of life*.* | | | |
| C3053  *(10368)* | Were there any complications in the late part of the pregnancy (defined as the last 3 months, before labor)? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| C3053a  *(10369)* | Were there any complications during labor or delivery? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| **Inst\_4: If no pregnancy complications: (C3053≠1) *→*  Inst\_5** | | | |
| C3064 | Did (you / the mother) receive care from any person or health facility for (any of) the pregnancy symptom(s) that started before labor?  *Read “…for any of…” if she had more than one pregnancy symptom.* | 1. Yes 2. No   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: (C3053a≠1) *→* C3078.** | | | |
| C3066 | Did (you / she) ever receive or seek any care or treatment for (any of) the labor or delivery symptom(s) including any care or treatment at home?  *Read “…any of the symptoms” if she had more than one symptom.*  *Care includes formal or traditional care but excludes advice.* | 1. Yes 2. No   9. Don’t know | 🞎***2 or 9 →* C3078** |
| C3067 | Where did (you / she) receive or seek this care or treatment, including where the baby was delivered?  Prompt: Was there anywhere else?  *Probe to identify the types of providers or facilities. If the woman was seen by a trained community nurse or midwife at a health facility, then mark the type of facility(ies) (1-3) where the provider was seen. Use option 4 only if this provider was seen outside a health facility. Use options 5-7 for other persons that provided care outside a health facility.*  *Multiple answers allowed.* | Health professional (at a health facility):   1. Hospital 2. NGO or government clinic 3. Private doctor/clinic   Health professional (outside a facility):   1. Trained community nurse or midwife (outside a health facility)   Other person (outside a health facility):   1. TBA/village doctor/quack/other non-formal or traditional provider 2. Relative, neighbor, friend 3. Other *(specify)*   *(*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*)*  9. Don’t know | 1. □  2. □  3. □  4. □  5. □  6. □  7. □  ***Only 5-9***  **C3078**  9. □ |
| C3069 | Did any of the health providers/facilities refer (you / the mother) to where the baby was delivered?  *This question is asking about referral to another, separate facility (not a different provider in the same facility).* | 1. Yes 2. No   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 | 🞎 ***2 or 9 → Inst\_7a*** |
| C3080 | Before being placed on the bare skin of (your / the mother’s) chest, was the baby wrapped up? | 1. Yes 2. No   9. Don’t know | 🞎 |
| **Inst\_6: If the delivery was not preterm (C3051≠1 and C3052=9,10) or**  **not in a health facility (C3006=1, 11, 12, 99, 88) *→* Inst\_7a** | | | |
| 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)* |

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| **SECTION 7: PREVENTIVE CARE OF CHILDREN (CHILD DEATHS)**  *Read*: Now I would like to ask you (some more questions) about the care of the child before the fatal illness began.  *For children 1-11 months old, include the words “some more questions.”* | | | | |
| **Inst\_7a: If Q1102 ≠ “1.High” *→*  Inst\_7b** | | | | |
| C3101 | | *Skip C3101in areas wo/malaria.*  Before (her / his) fatal illness began, did <NAME> sleep under an insecticide treated bed net? | 1. Yes, usually or always 2. Yes, sometimes 3. Never   9. Don’t know | 🞎 |
| **Inst\_7b: If age >1 year (>23 months) *→*  C3111** | | | | |
| C3104 | | Was <NAME> ever breastfed? | 1. Yes 2. No   9. Don’t know | 🞎 ***2 or 9 → C3107*** |
| C3106 | | Was <NAME> being breastfed on the day before the fatal illness began? | 1. Yes 2. No   9. Don’t know | 🞎 ***1 → C3107*** |
| C3106A | | How old was the child when s/he stopped breastfeeding?  *Enter 1-23 months.* | | **\_\_ \_\_** Months  *(DK = 99)* |
| C3107 | | On the day before the illness began, was <NAME> being given any…?  *Read all options and record “Yes,” “No” or “Don’t know” for each.* | 1. Plain water? 2. Fruit juice or juice drinks? 3. Clear broth? 4. Milk (other than breast milk)? 5. Infant formula? 6. Any other liquids?   *(Specify other liquid)*   1. Semisolid or soft foods such as yogurt, cereal or mashed vegetables? 2. Solid foods like vegetables, eggs, fish or meat? | Yes No DK  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1. □ 2. □ 9. □  1. □ 2. □ 9. □ |
| **Inst\_7c: If age<1 year *→* C3112** | | | | |
| C3111  *(10428)* | | Did <NAME> ever receive any vaccinations to prevent her/him from getting diseases, including vaccinations received in a national immunization day campaign? | 1. Yes 2. No   9. Don’t know | 🞎 ***2 or 9 → C3112*** |
| *Ask the respondent to see the child’s vaccination or health card, and record the below vaccinations from the card. If there is no card or if the card is incomplete, then read as necessary:*  Please tell me if <NAME> received any of the following vaccinations: |  | |
|  | **.1** | Did <NAME> ever receive a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? | 1. Yes 2. No   9. Don’t know | 🞎 |
|  | **.2** | Did s/he ever receive oral polio vaccine, that is, about two drops in the mouth to prevent polio? | 1. Yes 2. No   9. Don’t know | 🞎***2 or 9 →*** **C3111.5** |
|  | **.3** | Did <NAME> receive the first oral polio vaccine in the first two weeks after birth or later? | 1. First two weeks after birth 2. Later   9. Don’t know | 🞎 |
|  | **.4** | How many times did <NAME> receive the oral polio vaccine? | | **\_\_ \_\_** Times  *(DK = 99)* |
|  | **.5** | Did <NAME> ever receive a DPT vaccination, that is, an injection in the thighs or buttocks, sometimes given at the same time as polio drops or a Hep B vaccination? | 1. Yes 2. No   9. Don’t know | 🞎 ***2 or 9 →* C3111.7** |
| **.6** | How many times did s/he receive a DPT vaccination? | | **\_\_ \_\_** Times  *(DK = 99)* |
| **.7** | Did <NAME> ever receive a PENTA (DPT+HepB+Hib) vaccination, that is, an injection in the thighs or buttocks instead of a Hep B or DPT vaccination, sometimes given at the same time as polio drops? | 1. Yes 2. No   9. Don’t know | 🞎***2 or 9 →* C3111.9** |
| **.8** | How many times did s/he receive a PENTA (DPT+HepB+Hib) vaccination? | | **\_\_ \_\_** Times  *(DK = 99)* |
| **.9** | Did <NAME> ever receive a pneumococcal (PCV) vaccination, that is, an injection in the shoulder or thigh at the age of 6 weeks or older? | 1. Yes 2. No   9. Don’t know | 🞎***2 or 9 →* C3111.11** |
| **.10** | How many times did s/he receive a PCV vaccination? | | **\_\_ \_\_** Times  *(DK = 99)* |
| **.11** | Did <NAME> ever receive a rotavirus (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 | 🞎***2 or 9 →* C3111.13** |
|  | **.12** | How many times did s/he receive a rotavirus vaccination? | | **\_\_ \_\_** Times  *(DK = 99)* |
|  | **.13** | Did <NAME> ever receive an Inactivated polio vaccine (IPV), that is, an injection in the shoulder or thigh at the age of 6 weeks or older to prevent polio? | 1. Yes 2. No   9. Don’t know | 🞎 |
|  | **.14** | Did <NAME> ever receive a measles or MMR vaccination, that is, a shot in the arm at the age of 9 months or older, to prevent measles? | 1. Yes 2. No   9. Don’t know | 🞎***2 or 9 →* C3111A** |
|  | **.15** | How many times did s/he receive the measles or MMR vaccination? | | **\_\_ \_\_** Times  *(DK = 99)* |
| C3111A | | *Record the source of the vaccination information.* | 1. Child’s health card 2. Respondent’s recall (no health card was available or seen) 3. The health card AND respondent’s recall | 🞎 |
| C3112 | | (Before / In the six months before) the fatal illness, did <NAME> receive at least one dose of vitamin A?  *Read “Before…” if the child lived less than 6 months.*  *Show ampoule/capsule/syrup.* | 1. Yes 2. No   9. Don’t know | 🞎 |

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| **SECTION 10: CARE-SEEKING FOR THE FATAL ILLNESS (CHILD DEATHS)**  ***Read:*** Now, I’d like to ask you about <NAME>’s fatal illness and the care and treatments that s/he received. | | | | | | | | | | | | | | | | |
| C3250 | Where was <NAME> when her/his fatal illness began?  *Responses 2 and 3 are for 28 day-11 month olds whose illness began after the birth, before the SBA/TBA left the child’s home, the child left the SBA/TBA’s home or the child left the delivery facility.* | | | | | | For all children:   1. Home or community (not with a skilled birth attendant [SBA], such as a midwife, or a traditional birth attendant [TBA])   For 28 day-11 month olds only:   1. Home (with an SBA or TBA) 2. Delivery facility   For all children:   1. Other *(specify)*   9. Don’t know | | | | | | 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| C3251 | When it was first noticed that <NAME> was ill, was s/he…  *Read the choices for each condition.* | | | | | | 1. Feeding normally, feeding poorly, or not feeding at all? 2. Normally active, less active than normal, or not moving? | | | | | | Nrml Mod Svr DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □ | | | |
| C3252 | Did <NAME> receive, or did you give or seek, any care or treatment for the fatal illness?  *If the response is “No care or treatment,” discuss with the respondent to confirm whether the baby actually received no care or treatment before continuing.* | | | | | | 1. Yes 2. No—care not needed, given or sought   9. Don’t know | | | | | | 🞎***2 & C3250 = 2 →* C3253A**  ***2 & C3250 = 1, 4 →* C3254A**  ***2 & C3250 = 3 & C3006 =***  ***2,3,7,8 →* C3262A**  ***2 & C3250 = 3 & C3006 ≠***  ***2,3,7,8 →* C3263**  ***9 →* Inst\_13** | | | |
| C3253 | Please tell me everything that was done for <NAME>’s fatal illness inside the home and all the places outside the home (he / she) went or was taken for health care. Start with the first care or treatment <NAME> received and then, in order, tell me all the other care and treatments s/he received. Also tell me what symptoms were present when each action was taken.  *Include any health care provider <NAME> was on route to but did not reach before dying.*  *(1) If the illness lasted 3 months or more: ask about the first three actions taken at the start of the illness and the middle of the illness, and about the last three actions at the end of the illness. Circle ‘S’ (Start), ‘M’ (Middle) or ‘E’ (End) for each action. (2) Check one other care or health care provider box for each action row. Check ‘Trained CHW, nurse or midwife’ only if the provider was seen outside a facility. For action row 1 for 28 day-11 month olds whose illness started at birth, this can include a nurse or midwife who attended the birth outside a facility if s/he also treated the newborn child. (3) If Action 1 was the health facility (private doctor, clinic or hospital) where the child was delivered, then check the ”This is the delivery facility” box. This box should be checked if C3250=3 AND the facility provided any treatment for the child’s illness before leaving the facility after the birth. (4) Record the day of the illness on which the first action was taken. (5) Record the symptom(s) that were present when each action was taken.* | | | | | | | | | | | | | | | |
| **(1)**  **Action** | **(2)**  **Other care** | | | | **(2)**  **Health care providers** | | | | | | | **(3)** | | **(4)** | | **(5)** |
| **# and Illness phase – (S)tart, (M)id, (E)nd** | **Home care (own, relative, neighbor, friend)** | **Tra-ditional or non-formal provider** | **Phar-macist or drug seller** | | **Trained community health**  **worker (CHW), nurse, or midwife** | | | **Private doctor**  **or clinic**  **(formal/**  **unsure)** | **NGO or govern-ment clinic** | **Hospital** | | **This is the delivery facility** | | **Illness day first action was taken** | | **What symptoms were present when the action was taken?** |
| 1.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | 🞎 | 🞎 | 🞎 | | 🞎 | | \_\_ \_\_ | |  |
| 2.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | 🞎 | 🞎 | 🞎 | |  | |  | |  |
| 3.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | 🞎 | 🞎 | 🞎 | |  | |  | |  |
| 4.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | 🞎 | 🞎 | 🞎 | |  | |  | |  |
| 5.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | 🞎 | 🞎 | 🞎 | |  | |  | |  |
| 6.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | 🞎 | 🞎 | 🞎 | |  | |  | |  |
| 7.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | 🞎 | 🞎 | 🞎 | |  | |  | |  |
| 8.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | 🞎 | 🞎 | 🞎 | |  | |  | |  |
| 9.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | 🞎 | 🞎 | 🞎 | |  | |  | |  |
| ***Inst\_8a: If 28 days-11 months old and C3250 = 3 (illness began at health facility where the child was delivered)***  ***BUT***  ***C3253\_Action\_1\_(3) ≠ ‘X’ (The delivery facility was not reported as the first action,***  ***i.e., the respondent’s perception was that the facility did not provide any treatment***  ***for the child’s illness before leaving the facility after the birth)***  ***AND***  ***C3006 ≠ 2, 3, 7 or 8 (The baby was not delivered at a hospital, health center or clinic) →* C3263** | | | | | | | | | | | | | | | | |
| ***Inst\_8b: If 28 days-11 months old and C3250 = 3 (illness began at health facility where the child was delivered)***  ***BUT***  ***C3253\_Action\_1\_(3) ≠ ‘X’ (The delivery facility was not reported as the first action,***  ***i.e., the respondent’s perception was that the facility did not provide any treatment***  ***for the child’s illness before leaving the facility after the birth)***  ***AND***  ***C3006 = 2, 3, 7 or 8 (The baby was delivered at a hospital, health center or clinic) →* C3262A** | | | | | | | | | | | | | | | | |
| ***Inst\_8c: If 28 days-11 months old and C3250 = 3 (Illness began at health facility where the child was delivered)***  ***AND***  ***C3253\_Action\_1\_(3) = ‘X’ (The delivery facility was reported as the first action,***  ***i.e., the respondent’s perception was that the delivery facility provided treatment***  ***for the child’s illness before leaving the facility after the birth) → C3261A*** | | | | | | | | | | | | | | | | |
| ***Inst\_9: If 28 days-11 months old and C3250 = 1, 4, 9***  ***(Illness did not begin at home with an SBA/TBA or at the delivery facility)***  ***OR if >11 months old → C3254A*** | | | | | | | | | | | | | | | | |
| C3253A | *Ask C3253A only if 28 days-11 months old and illness began at home with an SBA or TBA (C3250=2).*  Did the SBA/TBA refer <NAME> to a health facility? | | | | | | 1. Yes 2. No   9. Don’t know | | | | | | 🞎 ***2 → C3253D*** | | | |
| C3253B | To where was <NAME> referred?  *Probe to identify the name and type of provider or facility. Knowing the name of the facility might help determine its type. If the child was referred to a trained CHW, nurse or midwife at a health facility, then mark the type of facility. Use option 5 or 10 only if the provider was to be seen outside of a health facility.* | | | | | | Public sector:   1. Government hospital 2. Government health center 3. Government health post 4. Mobile clinic 5. Trained CHW, nurse or midwife (outside a health facility) 6. Other public sector   Private medical sector:   1. Private hospital 2. Private doctor/clinic 3. Mobile clinic 4. Trained CHW, nurse or midwife (outside a health facility) 5. Other private medical sector   99. Don’t know | | | | | | 🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | | |
| C3253C | Did the SBA/TBA arrange transportation for <NAME> to reach the referral facility? | | | | | | 1. Yes 2. No 3. Don’t know | | | | | | 🞎 | | | |
| C3253D | Was <NAME> alive when he/she left the SBA/TBA? | | | | | | 1. Yes, left alive 2. No, died at this provider | | | | | | 🞎 ***2 → Inst\_13*** | | | |
| C3254A | Please tell me, who was involved in the decision about whether, when and where to take the child for health care?  *Prompt:* Was there anyone else?  *Multiple answers allowed.* | | | | | | 1. Child’s mother 2. Child’s father 3. Child’s maternal grandmother 4. Child’s paternal grandmother 5. Compound head 6. Community elder/leader 7. Religious leader 8. Someone else (*specify*) 9. Don’t know | | | | | | 1. □  2. □  3. □  4. □  5. □  6. □  7. □  8. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. □ ***→* C3255** | | | |
| C3254B | Who had the strongest voice in the decision? | | | | | | 1. Child’s mother 2. Child’s father 3. Child’s maternal grandmother 4. Child’s paternal grandmother 5. Compound head 6. Community elder/leader 7. Religious leader 8. Someone else (*specify*)   9. Don’t know | | | | | | 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| C3255 | Some people say they have no problems accessing health care. Others say they have problems accessing care.  *If the child was never taken to a health provider, ask:* What about you? Did you experience any problems that kept you from taking <NAME> for health care during the illness?  *If the child was taken for any health care, ask:* What about you? Did you have to overcome any problems to take <NAME> for health care during the illness? | | | | | | 1. Yes 2. No   9. Don’t know | | | | | | 🞎 ***2 or 9 → Inst\_10a*** | | | |
| C3256 | What were the main problems you had?  *Prompt:* Was there anything else?  *Multiple answers allowed.* | | | | | | 1. Did not think child was sick enough to need health care 2. No one available to go with him/her 3. Too much time from his/her regular duties 4. Someone else had to decide *(specify)* 5. Too far to travel 6. No transportation available 7. Cost of transportation 8. Cost of health care 9. Other cost *(specify)* 10. Not satisfied with available health care 11. Problem required traditional care 12. Thought s/he was too sick to travel 13. Thought s/he will die despite care 14. Was late at night (transportation or provider not available) 15. Fear of catching other diseases 16. Other *(specify)*   99. Don’t know | | | | | | 1. □  2. □  3. □  4. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. □  6. □  7. □  8. □  9. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10. □  11. □  12. □  13. □  14. □  15. □  16. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  99. □ | | | |
| ***Inst\_10a: If C3252 = 2 (No care given or sought) → Inst\_13***  ***Inst\_10b: If C3253 ≠ “Health provider” (Never took to a health provider) → C3287***  ***(If C3250=2 (28 day-11 month old delivered at home with an SBA/TBA),***  ***then “Health provider” does not include “CHW, nurse or midwife” in C3253 action row 1)*** | | | | | | | | | | | | | | | | |
| C3257 | *Refer to C3253 for the first health provider and related symptoms:*  You mentioned that you took <NAME> to the (first) health provider, I mean the <FIRST HEALTH PROVIDER> with <SYMPTOM(S)>. How long had <NAME> had (this / these) symptom(s) when it was decided to go to the <FIRST HEALTH PROVIDER>?  *Read “…to the first…” if took or tried to take to more than one health provider.*  *Mark days, hours &/or minutes as needed: e.g. 00 day, 02 hours, 10 minutes* | | | | | | | | | | | | **\_\_ \_\_** Days  *(DK = 99)* | | | |
| **\_\_ \_\_** Hours  *(DK = 99)* | | | |
| **\_\_ \_\_** Minutes  *(DK = 99)* | | | |
| ***Formal health careseeking matrix:*** *Ask the following questions for the first and last health providers where care was sought for the fatal illness. Ask all the questions for the First Health Provider before going on to the Last Health Provider.*  *Before asking about the first health provider, read:*  Now I would like to ask you about <NAME>’s visit to the (first) health provider, I mean the <FIRST HEALTH PROVIDER>.  *Read “first” if went to or received care from more than one provider.*  *Before asking about the last health provider, read:*  Now I would like to ask you about <NAME>’s visit to the last health provider, I mean the <LAST HEALTH PROVIDER>. | | | | | | | | | | | | | | | | |
| **– ILLNESS MATRIX QUESTIONS –** | | | | | | | | | | | **FIRST HEALTH PROVIDER** | | | | **LAST HEALTH**  **PROVIDER** | |
| At the time when it was decided to take <NAME> to the <FIRST/LAST HEALTH PROVIDER>, was s/he…  *Read the choices and mark “Normal,” “Moderate,” “Severe” or “Don’t know” for each condition.* | | | | 1. Feeding normally, feeding poorly, or not feeding at all 2. Normally active, less active than normal, or not moving | | | | | | | C3258  Nrml Mod Svr DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □ | | | | C3268  Nrml Mod Svr DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □ | |
| What was the name of the <FIRST/LAST HEALTH PROVIDER> where you took <NAME>?  *Probe to identify the name and type of provider or facility. Knowing the name of the facility might help determine its type. If the deceased was seen by a trained CHW, nurse or midwife at a health facility, then mark the type of facility where the provider was seen. Use option 5 or 10 only if the provider was seen outside of a health facility.* | | | | Public sector:   1. Government hospital 2. Government health center 3. Government health post 4. Mobile clinic 5. Trained CHW, nurse or midwife (outside a health facility) 6. Other public sector   Private medical sector:   1. Private hospital 2. Private doctor/clinic 3. Mobile clinic 4. Trained CHW, nurse or midwife (outside a health facility) 5. Other private medical sector   99. Don’t know | | | | | | | C3259  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | | | C3269  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of  Provider/Facility) | |
| *For health care at a facility (C3259/C3269 = 1-4, 6-9, 11), ask:* Did <NAME> reach the <FIRST/LAST HEALTH PROVIDER> before s/he died?  *For health care outside a facility (C3259 = 5, 10), ask:*  Did the <FIRST/LAST HEALTH PROVIDER> reach <NAME> before s/he died?  *If “No,” discuss with respondent to determine correct response: 2 or 3.* | | | | 1. Yes, reached before died 2. No, died on route to this provider / before this provider reached the deceased 3. No, could not reach this provider, so returned home or took other action   9. Don’t know | | | | | | | C3260  🞎 ***2 →* C3288**  ***3, 9 → Inst\_11*** | | | | C3270  🞎 ***2-9 → Inst\_12*** | |
| How long did it take, from the time it was decided to seek care to the time when (<NAME> reached the <FIRST HEALTH PROVIDER> / the <FIRST HEALTH PROVIDER> reached <NAME>)?  *Read “…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)* | | | |  | |
| **\_\_ \_\_** Minutes  *(DK = 99)* | | | |  | |
| How long after (the illness began / arriving at <FIRST/LAST HEALTH PROVIDER>) did <NAME> first receive care?  *Mark hours &/or minutes as needed: e.g., 02 hours, 10 minutes.*  *For C3261A, read “…after the illness began…” if the child’s illness began at the delivery facility.*  ***Skip instructions for C3261A:***  *If illness began at the delivery facility and C3006 ≠ 2,3,7,8 (Hospital, Health center, Clinic) →* C3263  *If illness did not begin at delivery facility & C3259 ≠ 1,2,7,8 (Hospital, Health center, Clinic) →* C3263 | | | | | | | | | | | C3261A  **\_\_ \_\_** Hours  *(DK = 99)* | | | | C3271A  **\_\_ \_\_** Hours  *(DK = 99)* | |
| **\_\_ \_\_** Minutes  *(DK = 99)* | | | | **\_\_ \_\_** Minutes  *(DK = 99)*  ***C3269 ≠ 1,2,7,8 (Hospital, Health center, Clinic)***  ***→* C3273** | |
| How many days did <NAME> stay at the (delivery facility / health facility)?  *Mark ‘00’ if less than 1 day.*  *Read “…*delivery facility?” *if <NAME>’s illness began in the delivery facility before leaving after the birth.* | | | | | | | | | | | C3262A  **\_\_ \_\_** Days  *(DK = 99)* | | | | C3272A  **\_\_ \_\_** Days  *(DK = 99)* | |
| Did the <DELIVERY FACILITY / FIRST/LAST HEALTH PROVIDER> refer <NAME> to another health provider or facility?  *Read the name of the delivery facility if <NAME>’s illness began there before leaving after the birth.* | | | | 1. Yes 2. No   9. Don’t know | | | | | | | C3263  🞎 ***2 or 9 →* C3266** | | | | C3273  🞎 ***2 or 9 →* C3276** | |
| To where was <NAME> referred?  *Probe to identify the name and type of provider or facility. Knowing the name of the facility might help determine its type. If the child was referred to a trained CHW, nurse or midwife at a health facility, then mark the type of facility. Use option 5 or 10 only if the provider was to be seen outside of a health facility.* | | | | Public sector:   1. Government hospital 2. Government health center 3. Government health post 4. Mobile clinic 5. Trained CHW, nurse or midwife (outside a health facility) 6. Other public sector   Private medical sector:   1. Private hospital 2. Private doctor/clinic 3. Mobile clinic 4. Trained CHW, nurse or midwife (outside a health facility) 5. Other private medical sector   99. Don’t know | | | | | | | C3264  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | | | C3274  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of  Provider/Facility) | |
| Did the health provider/facility arrange transportation for <NAME> to reach the referral facility? | | | | 1. Yes 2. No 3. Don’t know | | | | | | | C3265  🞎 | | | | C3275  🞎 | |
| Did <NAME> leave the <FIRST/LAST HEALTH PROVIDER> alive? | | | | 1. Yes, left alive 2. No, died at this provider | | | | | | | C3266  🞎  ***2 → Inst\_13*** | | | | C3276  🞎  ***2 → Inst\_12*** | |
| At the time of leaving the (<FIRST/ LAST HEALTH PROVIDER>, was <NAME>…  *Read the choices and mark “Normal,” “Moderate,” “Severe” or “Don’t know” for each condition.* | | | | 1. Feeding normally, feeding poorly, or not feeding at all 2. Normally active, less active than normal, or not moving | | | | | | | C3267  Nrml Mod Svr DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □  ***→ Inst\_11*** | | | | C3277  Nrml Mod Svr DK  1. □ 2. □ 3. □ 9. □  1. □ 2. □ 3. □ 9. □  ***→ Inst\_12*** | |
| ***Inst\_11: Check C3253→ If taken to another health provider…*** | | | | | | | | | | | ***→* C3268**  ***(LAST PROVIDER)*** | | | |  | |
| ***Inst\_12: If C3263 = 1 (referred) or C3273 = 1 (referred) → continue with C3278.***  ***Otherwise → C3288*** | | | | | | | | | | | | | | | | |
| 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 | Some people say they have no problems accessing health care. Others say they have problems accessing care.  *If the child was not taken to (all) the referral provider(s), ask:* What about you? Did you experience any problems that kept you from taking <NAME> to a health provider where s/he was referred?  *If the child was taken to (all) the referral provider(s), ask:* What about you? Did you have to overcome any problems to take <NAME> to a health provider where s/he was referred? | | | | | 1. Yes 2. No   9. Don’t know | | | | | | | 🞎 ***2 or 9 → C3288*** | | | |
| C3280 | What were the main problems you had?  *Prompt:* Was there anything else?  *Multiple answers allowed.* | | | | | 1. Thought no more care was needed 2. No one available to go with her/him 3. Too much time from her/his regular duties 4. Someone else had to decide *(specify)* 5. Too far to travel 6. No transportation available 7. Cost of transportation 8. Cost of health care 9. Other cost *(specify)* 10. Not satisfied with available health care 11. Problem required traditional care 12. Thought s/he was too sick to travel 13. Thought s/he will die despite care 14. Was late at night (transportation or provider not available) 15. Fear of cathing other diseases 16. Provider didn’t say referral so important 17. Went to a different provider/facility 18. The child died before going 19. Other *(specify)*   99. Don’t know | | | | | | | 1. □  2. □  3. □  4. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. □  6. □  7. □  8. □  9. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10.□  11. □  12. □  13. □  14. □  15. □  16. □  17. □  18. □  19. □\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  99. □ | | | |
| C3288 | How many days after (<LAST ACTION C3253> / leaving the first/last health provider) did <NAME> die? | | | | | | | | | | | | **\_\_ \_\_** Days  *(<1 = 00; DK = 99)* | | | |

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| **SECTION 13A: THE HOUSEHOLD (CHILD DEATHS)**  *Read:* Now I would like to ask you some other questions about (yourself / the child’s mother).  *If the respondent is the mother, read “about yourself.” If the respondent is not the mother, read “…about the child’s mother.”* | | | |
| ***Inst\_13: If Q1403 = 2 (Respondent is the child’s mother) → C3404*** | | | |
| C3401 | How old (is the child’s mother / was the child’s mother when she died)?  *Check C3003: If the mother died, read “How old was the child’s mother when she died?”* | | \_\_ \_\_ Years  *(DK = 99)* |
| C3402 | Did the child’s mother ever attend school? | 1. Yes 2. No   9. Don’t know | 🞎 ***2 or 9 → C3404*** |
| C3403 | What is the highest level of school she attended? | *Grade/Year*   1. *Pre-school(01-02-03)* 2. *Literacy class (Year: 01-02-03)* 3. Primary EP1 (Grade: 01-05) 4. Primary EP2 (Grade: 06-07) 5. Secondary ESG1 (Grade: 08-10) 6. Secondary ESG2 (Grade:11-12) 7. Elementary Technical (Year: 01-03) 8. Basic Technical (Year: 01-03) 9. Mid-Level Technical (Year: 01-03) 10. Teacher Training (Year: 01-03) 11. Higher (Year: 01-07)   99. Don’t know  88. Refused to answer | 🞎 |
| C3404 | What (is your / was the mother’s) main economic activity in the year prior to the child’s death?  *For example: If she had any economic activity such as worked in the field, or sold some products, then C3404 = 2 "mainly employed."* | 1. Mainly unemployed (not at work) 2. Mainly employed (at work) 3. Homemaker 4. Pensioner 5. Student 6. Other   9. Don’t know  8. Refused to answer | 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C3405 | At the time of the child’s death, (were you / was the child’s mother) married or living together with a man as if married?  *[Read “…was the child’s mother…” if the respondent is not the mother.]* | 1. Yes, married 2. Yes, living with a man 3. No, not in union 4. No, mother was deceased then   9. Don’t know | 🞎***3-9 → Section 13B*** |
| 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 → Section 13B*** |
| C3408 | What was the highest level of school he attended? | *Grade/Year*   1. *Pre-school(01-02-03)* 2. *Literacy class (Year: 01-02-03)* 3. Primary EP1 (Grade: 01-05) 4. Primary EP2 (Grade: 06-07) 5. Secondary ESG1 (Grade: 08-10) 6. Secondary ESG2 (Grade:11-12) 7. Elementary Technical (Year: 01-03) 8. Basic Technical (Year: 01-03) 9. Mid-Level Technical (Year: 01-03) 10. Teacher Training (Year: 01-03) 11. Higher (Year: 01-07)   99. Don’t know  88. Refused to answer | 🞎 |
| **SECTION 13B: THE HOUSEHOLD (continued)**  ***Read:*** Now I would like to ask you some questions about your household.    *Always read “…your…” and ask C3411–C3414 about the respondent’s household.* | | | |
| C3411 | Where did you stay during the child’s fatal illness? | 1. Her own home 2. Her in-law’s home 3. Her parent’s home 4. Her brother’s home 5. Other (specify)   9. Don’t know | 🞎 ***9 → C3471***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C3414 | In an emergency, how long would it take to reach the nearest health facility from (this / that) location?  Mark hours &/or minutes as needed: e.g. 01 hour, 30 minutes.  *Read “,,,that location…” if the interview is being conducted somewhere other than where the caregiver stayed during the child’s illness.* | | \_\_ \_\_ Hours  *(DK = 99)* |
| \_\_ \_\_ Minutes  *(DK = 99)* |

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| **SECTION 14: SOCIAL CAPITAL AND HIV/AIDS QUESTIONS (CHILD DEATHS)**  *Read*: Now, I have some questions about (your / your <RELATIVES’>) community.  *The following questions are about the community where the respondent stayed during the child’s fatal illness (C3411). Read either “…your…” or “…your <RELATIVES’>…;” and ask C3451–* *C3453 about the respondent and her/his community or her/his relatives’ community.* | | | |
| C3451 | In the 12 months before <NAME>'s death, did the people in the (village / neighborhood) work together on any of the following issues that affect the entire community or part of the community?  *Read all the issues and mark “Yes,” “No” or “Don’t know” for each one.* | 1. Health services/clinics 2. Paid job opportunities 3. Credit/finance 4. Water distribution 5. Security/police services 6. Other   *(specify)* | Yes No DK  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C3453A | Were you able to turn to any person or group in the community for help during the child’s fatal illness)? | 1. Yes 2. No   9. Don’t know | 🞎 ***2 or 9 →* C3471** | |
| C3453 | What people or groups were you able to turn to for help?  *Prompt:* Was there anyone else?  *Multiple answers allowed. Continue prompting until the respondent says there was no one else.* | 1. Religious group 2. Women’s group 3. Savings group or microcredit program 4. Any other community group, such as a vocational training group, community cooperative, political group, sports club, youth or student group 5. Community or political leader 6. Religious leader 7. Family 8. Neighbors 9. Friends 10. Patron/employer/benefactor 11. Police 12. Other *(specify)* | 1. □  2. □  3. □  4. □  5. □  6. □  7. □  8. □  9. □  10. □  11. □  12. □\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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