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| **SECTION 2: BACKGROUND** | | | | |
| **2.4 BACKGROUND and GENERAL SIGNS AND SYMPTOMS (ADULT DEATHS)** | | | | |
| A4001  *(10017)* | What was the first or given name(s) of the deceased?  *Ask this only if the name is not already known (from Q1202).* | | |  |
| A4002  *(10059)* | What was her/his marital status? | 1. Single  2. Married  3. Life-partner  4. Divorced  5. Widowed  6. Too young to be married  9. Don’t know  8. Refused to answer | | 🞎 |
| A4003 | Did s/he ever attend school? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎  ***8, 2 or 9 →* A4006** |
| A4004  *(10063)* | What is the highest level of school she/he attended? | | *Grade/Year*   1. *Pre-school (01-02-03)* 2. *Literacy class (Year: 01-02-03)* 3. Primary EP1 (Grade: 01-05) 4. Primary EP2 (Grade: 06-07) 5. Secondary ESG1 (Grade: 08-10) 6. Secondary ESG2 (Grade:11-12) 7. Elementary Technical (Year: 01-03) 8. Basic Technical (Year: 01-03) 9. Mid-Level Technical (Year: 01-03) 10. Teacher Training (Year: 01-03) 11. Higher (Year: 01-07)   99. Don’t know  88. Refused to answer | 🞎 |
| A4006  *(10064)* | Was s/he able to read and 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 | 🞎 |
| A4007  *(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 A4007 = 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 → A4008***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A4007\_1  *(10066)* | What was her/his occupation, that is, what kind of work did s/he mainly do? | |  | |
| A4008  *(10411)* | Did <NAME> drink alcohol? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4009a  *(10412)* | Did s/he use tobacco? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎**2, 9, 8 *→* A4013u** |
| A4010  *(10414)* | What kind of tobacco did s/he use? | | 1. Cigarettes 2. Pipe 3. Chewing tobacco 4. Other   9. Don’t know  8. Refused to answer | 🞎 ***2-4 →* A4012**  ***8, 9 →* A4013u** |
| A4011  *(10415)* | How many cigarettes did s/he smoke daily?  *For don't know, enter "99." For refused, enter "88."* | | | **\_\_ \_\_** Cigarettes **→ A4013u**  *(DK = 99)* |
| A4012  *(10416)* | How many times did (s)he use tobacco products each day?  *For don't know, enter "99." For refused, enter "88."* | | | **\_\_ \_\_** Times  *(DK = 99)* |
| A4013u  *(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 →* A4013m**  ***3 →* A4013y**  ***8, 9 →* A4014** |
| A4013d  *(10120\_1)* | Enter how long the illness lasted, in days:  *Enter 0-30 days. Record “99” if Don’t know.* | | | **\_\_ \_\_** Days if >00 ***→*** A4051  *(DK = 99)* |
| A4013m  *(10121)* | Enter how long the illness lasted, in months:  *Enter 1-11 months. Record “99” if Don’t know.* | | | **\_\_ \_\_** Months ***→*** A4051  *(DK = 99)* |
| A4013y  *(10122)* | Enter how long the illness lasted, in years:  *Enter years. Record “99” if Don’t know.* | | | **\_\_ \_\_** Years***→*** *A4051*  *(DK = 99)* |
| A4014  *(10123)* | Did (s)he die suddenly?  *(“Suddenly” means within 24 hours of being in regular health”)* | 1. Yes 2. No   9. Don’t know | | 🞎 |

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| **SECTION 9: SIGNS AND SYMPTOMS FOR ADULTS DEATHS (12 years and above)**  *Read: Now I’d like to ask you about <NAME>’s illness.* | | | | | |
| A4051  *(10147)* | During the illness that led to death, did <NAME> have a fever? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → A4057*** | |
| A4052\_units  *(10148\_units)* | How long did the fever last?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | 🞎 ***2 →* A4052\_c**  ***8 or 9 →* A4053** | |
| A4052\_b  *(10148\_b)* | [Enter how long the fever lasted in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | **\_\_ \_\_** Days ***→* A4053**  *(DK = 99)* | |
| A4052\_c  *(10148\_c)* | [Enter how long the fever lasted in months]:  *Enter 1-60 months* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4053  *(10149)* | Did the fever continue until death? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4054  *(10150)* | How severe was the fever? | | 1. Mild 2. Moderate 3. Severe   9. Don’t know  8. Refused to answer | 🞎 | |
| A4055  *(10151)* | What was the pattern of the fever? | | 1. Continuous 2. On and off 3. Only at night   9. Don’t know  8. Refused to answer | 🞎 | |
| A4056  *(10152)* | Did the deceased have night sweats? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4057  *(10270)* | Did s/he drink a lot more water than usual? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4058  *(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 ~~→~~* A4060** | |
| A4059\_units  *(10182\_units)* | How long did the frequent loose or liquid stools last?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | 🞎 ***2 →* A4059\_b**  ***8 or 9 →* A4060** | |
| A4059\_a  *(10182\_a)* | [Enter how long (s)he had frequent loose or liquid stools in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | **\_\_ \_\_** Days ***→* A4060**  *(DK = 99)* | |
| A4059\_b  *(10182\_b)* | [Enter how long (s)he had frequent loose or liquid stools in months]:  *Enter 1-60 months* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4060  *(10186)* | At any time during the fatal illness was there blood in the liquid stools? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 →* A4062** | |
| A4061  *(10187)* | Was there blood in the stools up until death? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4062  *(10188)* | During the illness that led to death, did the deceased vomit? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4063  *(10189)* | Did s/he vomit in the week preceding death? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎***8, 2 or 9 and A4062 = 1***  ***→ A4064\_1***  ***8, 2 or 9 and A4062*** ≠ ***1***  ***→ A4066*** | |
| A4064\_units  *(10190\_units)* | How long before death did s/he vomit?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | 🞎 ***2 →* A4064\_b**  ***8 or 9 →* A4064\_1** | |
| A4064\_a  *(10190\_a)* | [Enter how long before death s/he vomited in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | **\_\_ \_\_** Days ***→* A4064\_1**  *(DK = 99)* | |
| A4064\_b  *(10190\_b)* | [Enter how long before death s/he vomited in months]:  *Enter 1-60 months* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4064\_1  *(10191)* | Was there blood in the vomit? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4065  *(10192)* | Was the vomit black? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4066  *(10193)* | Did s/he have any belly (abdominal) problems? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4067  *(10194)* | Did s/he have belly (abdominal) pain? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → A4071*** | |
| A4068  *(10195)* | Was the belly (abdominal) pain severe? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4069\_units  *(10196\_units)* | For how long did (s)he have belly (abdominal) pain?  *Enter 1 unit only: 0-23 hours, 1-30 days, or 1-60 months. 1 week = 7 days.* | | 1. Hours 2. Days 3. Months   9. Don’t know  8. Refused to answer | 🞎 ***2 →* A4069\_b**  ***3 → A4069\_c***  ***8,9 🡪 →* A4070** | |
| A4069\_a  *(10196)* | [Enter how long (s)he had belly (abdominal) pain in hours]:  *Enter 0-23 hours. Less than 1 hour = 0 hours.* | | | **\_\_ \_\_** Hours ***→ A4070***  *(DK = 99)* | |
| A4069\_b  *(10197\_a)* | [Enter how long (s)he had belly (abdominal) pain in days]:  *Enter 1-30 days. 1 week = 7 days.* | | | **\_\_ \_\_** Days ***→ A4070***  *(DK = 99)* | |
| A4069\_c  *(10198)* | [Enter how long (s)he had belly (abdominal) pain in months]:  *Enter 1-60 months.* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4070  *(10199)* | Was the pain in the upper or lower belly (abdomen)? | | 1. Upper abdomen 2. Lower abdomen 3. Upper and lower abdomen   9. Don’t know  8. Refused to answer | 🞎 | |
| A4071  *(10200)* | Did s/he have a more than usually protruding belly (abdomen)? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 →* A4074** | |
| A4072\_unit  *(10201\_unit)* | For how long before death did s/he have a more than usually protruding 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 → A4072\_b***  ***8 or 9 →* A4073** | |
| A4072\_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 ***→* A4073**  *(DK = 99)* | |
| A4072\_b  *(10202)* | [Enter how long before death (s)he had a more than usually protruding belly (abdomen) in months] | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4073  *(10203)* | How rapidly did s/he develop the protruding abdomen? | | 1. Rapidly 2. Slowly   9. Don’t know  8. Refused to answer | 🞎 | |
| A4074  *(10204)* | Did s/he have a mass in the abdomen? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9*** *→* **A4076** | |
| A4075\_unit  *(10205\_unit)* | For how long did s/he have a mass in the 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 →* A4075\_b**  ***8 or 9 →* A4076** | |
| A4075\_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 ***→* A4076**  *(DK = 99)* | |
| A4075\_b  *(10206)* | [Enter how long (s)he had a mass in the belly (abdomen) in months]:  *Enter 1-60 months.* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4076  *(10153)* | During the illness that led to death, did the deceased have a cough? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 →* A4081** | |
| A4077\_units  *(10154\_units)* | For how long did s/he have a cough?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days*. | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | 🞎 ***2 →* A4077\_b**  ***8 or 9 →* A4078** | |
| A4077\_a  *(10154\_a)* | [Enter how long (s)he had a cough in days]  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | **\_\_ \_\_** Days ***→* A4078**  *(DK = 99)* | |
| A4077\_b  *(10154\_b)* | [Enter how long (s)he had a cough in months]:  *Enter 1-60 months.* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4078  *(10155)* | Was the cough productive, with sputum? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4079  *(10156)* | Was the cough very severe? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4080  *(10157)* | Did s/he cough up blood? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4081  *(10159)* | During the illness that led to death, did <NAME> have difficulty breathing? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 →* A4084** | |
| A4082\_unit  *(10161\_unit)* | For how long did the difficulty breathing last?  *Enter 1 unit only: 0-30 days, 1-11 months, or 1-11 years. Less than 1 day or 24 hours = 0 days; 1 week = 7 days* | | 1. Days 2. Months 3. Years   9. Don’t know  8. Refused to answer | 🞎***2→* A4082\_b**  ***3 →* A4082\_c**  ***8 or 9 →* A4083** | |
| A4082\_a  *(10161\_1)* | [Enter how long the difficult breathing lasted in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | **\_\_ \_\_** Days ***→* A4083**  *(DK = 99)* | |
| A4082\_b  *(10162)* | [Enter how long the difficult breathing lasted in months]:  *Enter 1-60 months.* | | | **\_\_ \_\_** Months ***→* A4083**  *(DK = 99)* | |
| A4082\_c  *(10163)* | [Enter how long the difficult breathing lasted in years]:  *Enter number of years less than age at death.* | | | **\_\_ \_\_** Years  *(DK = 99)* | |
| A4083  *(10165)* | Was the difficulty breathing continuous or on and off? | | 1. Continuous 2. On and off   9 Don’t know  8. Refused to answer | 🞎 | |
| A4084  *(10166)* | During the illness that led to death, did <NAME> have fast breathing? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 →*** ***A4086*** | |
| A4085\_units  *(10167\_units)* | How long did the fast breathing last?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days*. | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | 🞎 ***2 →* A4085\_b**  ***8 or 9 →* A4086** | |
| A4085\_a  *(10167\_b)* | [Enter how long the fast breathing lasted, in days]:  *Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.* | | | **\_\_ \_\_** Days ***→* A4086**  *(DK = 99)* | |
| A4085\_b  *(10167\_c)* | [Enter how long the fast breathing lasted, in months]:  *Enter 1-60 months.* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4086  *(10168)* | During the illness that led to death, did s/he have breathlessness? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 →*** ***A4090*** | |
| A4087\_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 →* A4087\_b**  ***8 or 9 →* A4088** | |
| A4087\_a  *(10167\_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 ***→* A4088**  *(DK = 99)* | |
| A4087\_b  *(10167\_c)* | [Enter how long the breathlessness lasted, in months]:  *Enter 1-60 months.* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4088  *(10170)* | Was s/he unable to carry out daily routines due to breathlessness? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4089  *(10171)* | Was s/he breathless while lying flat? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4090  *(10173\_a)* | During the illness that led to death did (s)he have wheezing?  *Demonstrate the sound.* | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4091  *(10174)* | Did s/he have chest pain? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → A4095*** | |
| A4092  *(10175)* | Was the chest pain severe? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4093  *(10176)* | How many days before death did s/he have chest pain?  *Less than 1 day = “00” days.* | | | **\_\_ \_\_** Days  *(DK = 99)* | |
| A4094\_unit  *(10178\_unit)* | How long did the chest pain last?  *Enter 1 unit only: 0-59 minutes, 1-23 hours, or days less than response for how many days before death did (s)he have chest pain. 1 week = 7 days.* | | 1. Minutes 2. Hours 3. Days   9. Don’t know  8. Refused to answer | 🞎 ***2 → A4094\_b***  ***3 → A4094\_c***  ***8 or 9 → A4095*** | |
| A4094\_a  *(10178)* | [Enter how long the chest pain lasted in minutes]:  *Enter 0-59 minutes.* | | | **\_\_ \_\_** Minutes ***→ A4095***  *(DK = 99)* | |
| A4094\_b  *(10179)* | [Enter how long the chest pain lasted in hours]:  *Enter 1-23 hours.* | | | **\_\_ \_\_** Hours ***→ A4095***  *(DK = 99)* | |
| A4094\_c  *(10179\_1)* | [Enter how long the chest pain lasted in days]:  *Enter 0-30 days. 1 week = 7 days.* | | | **\_\_ \_\_** Days  *(DK = 99)* | |
| A4095  *(10207)* | Did <NAME> have a severe headache? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4096  *(10208)* | Did <NAME> have a stiff neck during the illness that led to death? | | 1. Yes 2. No   9. Don’t know  8. Refused to know | 🞎 ***8, 2 or 9 → A4098*** | |
| A4097\_unit*s*  *(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 → A4097\_b***  ***8 or 9 → A4098*** | |
| A4097\_a  *(10209\_a)* | [Enter how long before death did (s)he have stiff neck in days]:  *Enter 0-30 days.* | | | **\_\_ \_\_** Days ***→ A4098***  *(DK = 99)* | |
| A4097\_b  *(10209\_b)* | [Enter how long before death did (s)he have stiff neck in months]:  *Enter 1-60 months.* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4098  *(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 → A4100*** | |
| A4099\_units  *(10211\_units)* | How long before death did s/he have a painful neck?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days. 1 week = 7 days.* | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | 🞎 ***2 → A4099\_b***  ***8 or 9 → A4100*** | |
| A4099\_a  *(10211\_a)* | [Enter how long before death s/he had the painful neck, in days]:  *Enter 0-30 days.* | | | **\_\_ \_\_** Days ***→ A4100***  *(DK = 99)* | |
| A4099\_b  *(10211\_b)* | [Enter how long before death s/he had the painful neck, in months]:  *Enter 1-60 months.* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4100  *(10212)* | Did s/he have mental confusion? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → A4102*** | |
| A4101\_units  *(10213\_units)* | How long did s/he have mental confusion?  *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 → A4101\_b***  ***8 or 9 → A4102*** | |
| A4101\_a  *(10213\_a)* | [Enter how long s/he had mental confusion, in days]:  *Enter 0-30 days.* | | | **\_\_ \_\_** Days ***→ A4102***  *(DK = 99)* | |
| A4101\_b  *(10213\_b)* | [Enter how long s/he had mental confusion, in months]:  *Enter 1-60 months.* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4102  *(10214)* | Was <NAME> unconscious during the illness that led to death? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → A4106*** | |
| A4103  *(10215)* | Was s/he unconsciousness for more than 24 hours before death? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4104  *(10217)* | Did the unconsciousness start suddenly, quickly (at most within a single day)? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4105  *(10218)* | Did the unconsciousness continue until death? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4106  *(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 → A4109*** | |
| A4107  *(10221)* | For how many minutes did the convulsions last?  *Less than 1 minute = “00” minutes. 1 hour = 60 minutes.* | | | **\_\_ \_\_** Minutes  *(DK = 99, RA = 88)* | |
| A4108  *(10222)* | Did s/he become unconscious immediately after the convulsion? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4109  *(10223)* | Did the deceased have any urine problems? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → A4113*** | |
| A4110  *(10226)* | During the fatal illness, did s/he ever pass blood in the urine? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4111  *(10224)* | Did s/he stop urinating? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4112  *(10225)* | During s/he go to urinate more often than usual? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4113  *(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 → A4115*** | |
| A4114  *(10229)* | Did the sores or ulcers have pus? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4115  *(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 → A4118*** | |
| A4116  *(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 → A4118*** | |
| A4117\_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 → A4117\_b***  ***8 or 9 → A4118*** | |
| A4117\_a  *(10232\_a)* | [Enter how long the ulcer on the foot oozed pus, in days]:  *Enter 0-30 days.* | | | **\_\_ \_\_** Days ***→ A4118***  *(DK = 99)* | |
| A4117\_b  *(10232\_b)* | [Enter how long the ulcer on the foot oozed pus, in months]:  *Enter 1-60 months.* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4118  *(10233)* | During the illness that led to death, did <NAME> have any skin rash? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → A4123*** | |
| A4119  *(10235)* | Where was the rash? | | 1. Face 2. Trunk/Abdomen 3. Extremities 4. Everywhere   9. Don’t know  8. Refused to answer | 🞎 | |
| A4120 | Where did the rash start? | | 1. Face 2. Trunk/Abdomen 3. Extremities 4. Everywhere   9. Don’t know  8. Refused to answer | 🞎 | |
| A4121  *(10234)* | How many days did the rash last?  *Less than 1 day or 24 hours = 0 days; 1 week=7 days; 1 month=30 days.* | | | **\_\_ \_\_** Days  *(DK = 99)* | |
| A4122  *(10236)* | Did s/he have a measles rash (use local term)? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4123  *(10237)* | Did s/he ever have shingles or herpes zoster? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4124  *(10243)* | Did s/he have noticeable weight loss? *[hint: limbs (legs, arms) become very thin]* | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4125  *(10244)* | Was s/he severely thin or wasted?  *Show photo.* | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4126  *(10249)* | During the illness that led to death, did <NAME> have swollen legs or feet? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → A4129*** | |
| A4127\_units  *(10250\_units)* | How long did the swelling last?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days. 1 week = 7 days.* | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | 🞎 ***2 → A4127\_b***  ***8 or 9 → A4128*** | |
| A4127\_a  *(10250\_a)* | [Enter how long the swelling lasted, in days]:  *Enter 0-30 days.* | | | **\_\_ \_\_** Days ***→ A4128***  *(DK = 99)* | |
| A4127\_b  *(10250\_b)* | [Enter how long the swelling lasted, in months]:  *Enter 1-60 months.* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4128  *(10251)* | Did s/he have both feet swollen? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4129  *(10247)* | Did s/he have puffiness of the face? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → A4131*** | |
| A4130\_units  *(10248\_units)* | How long did s/he have puffiness of the face?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days. 1 week = 7 days.* | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | 🞎 ***2 → A4130\_b***  ***8 or 9 → A4131*** | |
| A4130\_a  *(10248\_a)* | [Enter how long the face puffiness lasted, in days]:  *Enter 0-30 days.* | | | **\_\_ \_\_** Days ***→ A4131***  *(DK = 99)* | |
| A4130\_b  *(10248\_b)* | [Enter how long the face puffiness lasted, in months]:  *Enter 1-60 months.* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4131  *(10252)* | Did s/he have general puffiness all over her/his body | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4132  *(10238)* | During the illness that led to death, did <NAME>’s skin flake off in patches? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4133  *(10265)* | Did s/he have yellow discoloration of the eyes? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → A4135*** | |
| A4134\_units  *(10266\_units)* | For how long did s/he have yellow discoloration?  *Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days. 1 week = 7 days.* | | 1. Days 2. Months   9. Don’t know  8. Refused to answer | 🞎 ***2 → A4134\_b***  ***8 or 9 → A4135*** | |
| A4134\_a  *(10266\_a)* | [Enter how long the yellow discoloration lasted, in days]:  *Enter 0-30 days.* | | | **\_\_ \_\_** Days ***→ A4135***  *(DK = 99)* | |
| A4134\_b  *(10266\_b)* | [Enter how long the yellow discoloration lasted, in months]:  *Enter 1-60 months.* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4135  *(10267)* | Did <NAME>’s hair change in color to a reddish or yellowish color? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4136  *(10268)* | Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail bed? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4138  *(10254)* | Did s/he have any lumps or lesions in the mouth? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4139  *(10255)* | Did s/he have any lumps on the neck? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4140  *(10256)* | Did s/he have any lumps on the armpit? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4144  *(10257)* | Did s/he have any lumps on the groin? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4145  *(10246)* | Did s/he have stiffness of the whole body or was unable to open the mouth? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4146  *(10258)* | Was s/he in any way paralyzed? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → A4149*** | |
| A4147  *(10259)* | Did s/he have paralysis of only one side of the body? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4148  *(10260)* | 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 | 🞎 | |
| A4149  *(10261)* | Did s/he have difficulty swallowing? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → A4152*** | |
| A4150\_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 | 🞎 ***2 → A4150\_b***  ***8 or 9 → A4151*** | |
| A4150\_a  *(10262\_a)* | [Enter how long before death (s)he had difficulty swallowing in days]:  *Enter 0-30 days.* | | | **\_\_ \_\_** Days ***→ A4151***  *(DK = 99)* | |
| A4150\_b  *(10262\_b)* | [Enter how long before death (s)he had difficulty swallowing in months]:  *Enter 1-60 months.* | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4151  *(10263)* | Was the difficulty with swallowing with solids, liquids or both? | | 1. Solids 2. Liquids 3. Both   9. Don’t know  8. Refused to answer | 🞎 | |
| A4152  *(10264)* | Did s/he have pain upon swallowing? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4153  *(10245)* | During the illness that led to death, did <NAME> have a whitish rash inside the mouth or on the tongue? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4154  *(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 →*** ***A4156*** | |
| A4155  *(10242)* | Did s/he bleed from the nose, mouth or anus? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 | |
| A4156  *(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 | 🞎 | |
| **Inst\_1: If Q1601=1 (sex of deceased = male) → A4206** | | | | | |
| A4157  *(10294)* | Did she have any swelling or lump in the breast? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4158  *(10295)* | Did she have any ulcers (pits) in the breast? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4159  *(10296)* | Did she ever have a period or menstruate? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 →* A4166** | |
| A4160  *(10297)* | When she had her period, did she have vaginal bleeding in between menstrual periods? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎  ***8, 2 or 9 →* A4161\_1** | |
| A4161  *(10298)* | Was the bleeding excessive? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4161\_1  *(10301)* | Was there excessive vaginal bleeding in the week prior to death? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4162  *(10299)* | Did her menstrual period stop naturally because of menopause or removal of the uterus? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎***2,8,9 →* A4163** | |
| A4163\_1  *(10300)* | Did she have vaginal bleeding after cessation of menstruation? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 ***→* A4206** | |
| A4163  *(10302)* | At the time of death was her period overdue? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → A4166*** | |
| A4164  *(10303)* | For how many weeks had her period been overdue? | | | **\_\_ \_\_** Weeks  *(DK = 99)* | |
| A4166  *(10304)* | Did she have a sharp pain in her belly (abdomen) shortly before death? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4167  *(10305)* | Was she pregnant (and not yet in labor) at the time of death? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎***1 → A4178\_1*** | |
| A4168\_1  *(10312)* | Did she die during labor or delivery, abortion or miscarriage? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎***1 → A4173\_1*** | |
| A4168\_3  *(10314)* | Did she die within 24 hours after delivery, abortion or miscarriage? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎***1 → A4173\_1*** | |
| A4168  *(10306)* | Did she die within 6 weeks of delivery, abortion or miscarriage? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎***2, 8, 9 → A4173*** | |
| A4173\_1  *(10316)* | Did she give birth to a live baby (within 6 weeks of her death)? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎***1, 2, 8, 9 → A4178\_1*** | |
| A4173  *(10308)* | Did she die less than 1 year after being pregnant, having an abortion or delivering a baby? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎***2, 8, 9 →* A4178\_2** | |
| A4173\_2  *(10316\_2)* | Did she give birth to a live baby (within 1 year of her death)? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 ***→ A4178\_1*** | |
| A4178\_2  *(10310)* | Please confirm, when she died, she was NEITHER pregnant NOR had delivered, had an abortion or miscarried within 12 months of when she died--Is that right?  *This question serves to confirm that no maternal death is missed.* | | 1. Yes (SHE WAS NOT PREGNANT; AND SHE DID NOT RECENTLY DELIVER, HAVE ABORTION, OR MISCARRY)  2. No (SHE WAS PREGNANT OR SHE RECENTLY DELIVERED, HAD AN ABORTION, OR MISCARRIED)  9. Don’t know  8. Refused to answer | 🞎***1,8 → A4206***  ***2, 9 → A4163*** | |
| A4178\_1  *(10309)* | For how many months was she pregnant? | | | **\_\_ \_\_** Months  *(DK = 99)* | |
| A4178A | | During the pregnancy, did she see anyone for antenatal care? | 1. Yes 2. No   9. Don’t know | | 🞎  ***2 or 9 →* A4178** |
| A4178B | | How many times did she receive antenatal care during the pregnancy? | | | \_\_ \_\_ Times  *(DK = 99)* |
| A4178  *(10317)* | Did she die during or after a multiple pregnancy? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎***→ if (A4167=1 or A4168\_1=1 or A4168\_3=1) or (A4173\_1≠1 or 4173\_2≠1) then skip to A4180*** | |
| A4179  *(10318)* | Was she breastfeeding the child in the days before death? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4180  *(10319)* | How many births, including stillbirths, did she/the mother have before this pregnancy? | | | **\_\_ \_\_** Times ***if 00 🡪 A4182***  *(DK = 99, Ref=88)* | |
| A4181  *(10320)* | Had she had any previous Caesarean section before this pregnancy? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4182  *(10321)* | During pregnancy, did she suffer from high blood pressure? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4183  *(10322)* | Did she have foul smelling vaginal discharge during pregnancy or after delivery? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4184  *(10323)* | During the last 3 months of pregnancy, did she suffer from convulsions? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4185  *(10324)* | During the last 3 months of pregnancy, did she suffer from blurred vision? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4186  *(10325)* | Did bleeding occur while she was pregnant? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎***2, 8, 9 → Inst\_1a*** | |
| A4186\_1  *(10326)* | Was there vaginal bleeding during the first 6 months of pregnancy? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4187  *(10327)* | Was there vaginal bleeding during the last 3 months of pregnancy but before labor started? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| ***Inst\_1a: If A4167 (10305) = 1 🡪 A4193 (10333)*** | | | | | |
| A4188  *(10328)* | Did she have excessive bleeding during labor or delivery? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4189  *(10329\_1)* | Did she have excessive bleeding after delivery? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4190  *(10330)* | Was the placenta completely delivered? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4191  *(10331)* | Did she deliver or try to deliver an abnormally positioned baby?  *Ask the respondent about her/his understanding of what is an abnormally positioned baby; if unclear or wrong, explain that it means babies whose first body part exiting the vagina is not the head.* | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4192  *(10332)* | For how many hours was she in labor?  *< 60 minutes = 0 hours* | | | **\_\_ \_\_** Hours  *(DK = 99, Ref=88)* | |
| A4193  *(10333)* | Did she attempt to terminate the pregnancy? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎**If 2, 8, 9 → Inst\_1b** | |
| A4193\_1 | How did she do this? | | 1. Oral medicine  2. Traditional vaginal herbal application  3. Vaginal tablet  4. Instrumentation  9. Don’t know  8. Refused to answer | 🞎 | |
| ***Inst\_1b: if A4173\_1 (10316) = 1 or A4173\_2 (10316\_2) = 1 🡪 A4198 (10337)*** | | | | | |
| A4194  *(10334)* | Did she recently have a pregnancy that ended in an abortion (spontaneous or induced)? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎***2, 8, 9 & A4167≠1 →*A4198**  ***2, 8, 9 & A4167=1 →A4205\_1*** | |
| A4195  *(10335)* | Did she die during an abortion (spontaneous or induced)? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎***1 →* A4198\_1** | |
| A4196  *(10336)* | Did she die within 6 weeks of having an abortion (spontaneous or induced)? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎***1 →* A4198\_1** | |
| A4197  *(10336\_1)* | Did she die more than 6 weeks but less than 1 year after having an abortion (spontaneous or induced)? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4198\_1  (10329\_2) | Did she have excessive bleeding (during / after) abortion? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4198  *(10337)* | Where did she (give birth / complete the miscarriage / have the abortion)? | | 1. Hospital 2. Other health facility 3. Home 4. On route to hospital or facility 5. Other   9. Don’t know  8. Refused to answer | 🞎 | |
| A4200  *(10339)* | Who (delivered the baby / completed the miscarriage / performed the abortion)? | | 1. Doctor 2. Midwife 3. Nurse 4. Relative 5. Self (the mother) 6. Traditional birth attendant 7. Other 8. Don’t know   8. Refused to answer | 🞎  ***if A4194, A4195, A4196 or A4197 =1 →A4205\_1*** | |
| A4202  *(10342)* | Was the delivery normal vaginal, without forceps or vacuum? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎***1 →* A4205\_1** | |
| A4203  *(10343)* | Was the delivery vaginal, with forceps or vacuum? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎***1 →* A4205\_1** | |
| A4204  *(10344)* | Was the delivery a Caesarean section? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| A4205\_1  *(10340)* | Did she have an operation to remove her uterus shortly before death? | | 1. Yes  2. No  9. Don’t know  8. Refused to answer | 🞎 | |
| **Injuries and Accidents**  *Read:*Now, I’d like to ask you about any injuries or accidents that <NAME> may have suffered. | | | | | |
| A4206  *(10077)* | Did <NAME> suffer from any injury or accident that led to her/his death? | | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***2 →* A4250** | |
| A4206\_1  *(10079)* | Was it a road traffic accident? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 ***8, 2 or 9→* A4206\_4** | |
| A4206\_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 | 🞎 | |
| A4206\_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 | 🞎 ***→* A4206\_20** | |
| A4206\_4  *(10082)* | Was (s)he injured in a non-road transport accident? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4206\_5  *(10083)* | Was (s)he injured in a fall?  *This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4206\_6  *(10084)* | Was there any poisoning?  *This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4206\_7  *(10085)* | Did (s)he die of drowning?  *This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4206\_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 →* A4206\_10** | |
| A4206\_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→* A4206\_11** | |
| A4206\_10  *(10088)* | What was the animal/insect? | | 1. Dog 2. Snake 3. Insect or scorpion 4. Other 5. Don’t know   8. Refused to answer | 🞎 | |
| A4206\_11  *(10089)* | Was (s)he injured by burns/fire? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4206\_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 | 🞎 | |
| A4206\_13  *(10091)* | Was (s)he injured by a firearm? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4206\_14  *(10092)* | Was (s)he stabbed, cut or pierced? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4206\_15  *(10093)* | Was (s)he strangled? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4206\_16  *(10094)* | Was (s)he injured by a blunt force? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4206\_17  *(10095)* | Was (s)he injured by a force of nature? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4206\_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 | 🞎 | |
| A4206\_19  *(10097)* | Did (s)he encounter any other injury? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4206\_20  *(10098)* | Was the injury accidental? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 ***1 → A4207*** | |
| A4206\_21  *(10099)* | Was the injury self-inflicted? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 ***1 → A4207*** | |
| A4206\_22  *(10100)* | Was the injury intentionally inflicted by someone else? | | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 | |
| A4207 | 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)* | |
| **\_\_ \_\_** Days  *(DK = 99)* | |

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| **SECTION 10: CARE-SEEKING FOR THE FATAL ILLNESS (ADULT DEATHS)**  ***Read:*** Now, I’d like to ask you about <NAME>’s fatal illness and the care and treatments that s/he received. | | | | | | | | | | | | | | | | |
| A4250 | Where was <NAME> when her/his illness began?  *“Home” in response 2 means the deceased woman’s home, the birth attendant’s home or any other home.* | | | | | | 1. Home or community 2. Home, with a birth attendant (for pregnancy-related deaths only) 3. Delivery facility (for pregnancy-related deaths only) 4. Other *(specify)*   9. Don’t know | | | | | | 🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| A4251 | Did <NAME> receive, or did you or s/he give or seek, any care or treatment for the fatal illness? | | | | | | 1. Yes 2. No—care not needed, given or sought   9. Don’t know | | | | | | 🞎***2 →* A4253A**  ***9 →* A4351** | | | |
| A4252 | Please tell me everything that was done for <NAME>’s fatal illness inside the home and all the places outside the home (he / she) went or was taken for health care. Start with the first care or treatment <NAME> received and then, in order, tell me all the other care and treatments s/he received. Also tell me what symptoms were present when each action was taken.  *Include any health care provider <NAME> was on route to but did not reach before dying.*  *For all adults: (1) If the illness lasted 3 months or more: ask about the first three actions taken at the start of the illness and the middle of the illness, and about the last three actions at the end of the illness. Circle ‘S’ (Start), ‘M’ (Middle) or ‘E’ (End) for each action. (2) Check one other care or health care provider box for each action row. Check ‘Trained CHW, nurse or midwife’ only if the provider was seen outside a facility. (3) For pregnancy-related deaths only: Mark any provider or facility where the woman aborted or delivered. (4) Record the day of the illness (01, 02, 03, etc.) on which the first action was taken. (5) Record the symptom(s) that were present when each action was taken.* | | | | | | | | | | | | | | | |
| **(1)**  **Action** | **(2)**  **Other care** | | | | **(2)**  **Health care providers** | | | | | | | **(3)** | | | **(4)** | **(5)** |
| **# and Illness phase – (S)tart, (M)id, (E)nd** | **Home care (own, relative, neighbor, friend)** | **Tra-ditional or non-formal provider** | **Phar-macist or drug seller** | | **Trained community health**  **worker (CHW), nurse, or midwife** | | | | **Private doctor**  **or clinic**  **(formal/**  **unsure)** | **NGO or govern-ment clinic** | **Hospital** | **Woman aborted or delivered at this provider** | | | **Illness day first action was taken** | **What symptoms were present when the action was taken?** |
| 1.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | 🞎 | | | \_\_ \_\_ |  |
| 2.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | 🞎 | | |  |  |
| 3.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | 🞎 | | |  |  |
| 4.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | 🞎 | | |  |  |
| 5.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | 🞎 | | |  |  |
| 6.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | 🞎 | | |  |  |
| 7.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | 🞎 | | |  |  |
| 8.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | 🞎 | | |  |  |
| 9.  S M E | 🞎 | 🞎 | 🞎 | | 🞎 | | | | 🞎 | 🞎 | 🞎 | 🞎 | | |  |  |
| A4253A | Please tell me, who was involved in the decision about whether, when and where to take <NAME> for health care?  *Prompt:* Was there anyone else?  *Multiple answers allowed.* | | | | | | 1. Deceased’s mother 2. Deceased’s father 3. Deceased’s spouse/partner 4. Compound head 5. Community elder/leader 6. Religious leader 7. Someone else (*specify*)   9. Don’t know | | | | | | 1. □  2. □  3. □  4. □  5. □  6. □  7. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. □ ***→ A4252 = health care →***  ***Inst\_2a***  ***A4252 ≠ health care →***  ***A4254*** | | | |
| A4253B | Who had the strongest voice in the decision? | | | | | | 1. Deceased’s mother 2. Deceased’s father 3. Deceased’s spouse/partner 4. Compound head 5. Community elder/leader 6. Religious leader 7. Someone else (*specify*)   9. Don’t know | | | | | | 🞎 ***A4252 = health care → Inst\_2a***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| A4254 | Some people say they have no problems accessing health care. Others say they have problems accessing care.  *If the deceased never went for health care, ask:* What about <NAME>? Did s/he experience any problems that kept (her / him) from seeking heallth care during the illness? | | | | | | 1. Yes 2. No   9. Don’t know | | | | | | 🞎 ***2 or 9 → Inst\_2a*** | | | |
| A4255 | What were the main problems s/he had?  *Prompt:* Was there anything else?  *Multiple answers allowed.* | | | | | | 1. Did not think person was sick enough to need health care 2. No one available to go with her/him 3. Too much time away from his/her regular duties 4. Someone else had to decide *(specify)* 5. Too far to travel 6. No transportation available 7. Cost of transportation 8. Cost of health care 9. Other cost *(specify)* 10. Not satisfied with available health care 11. Problem required traditional care 12. Thought s/he was too sick to travel 13. Thought s/he will die despite care 14. Was late at night (transportation or provider not available) 15. Fear of catching other diseases 16. Fears exposure to male health provider 17. Other *(specify)*   99. Don’t know | | | | | | 1. □  2. □  3. □  4. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. □  6. □  7. □  8. □  9. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10. □  11. □  12. □  13. □  14. □  15. □  16. □  17. □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  99. □ | | | |
| ***Inst\_2a: If A4251 = 2 (No care given or sought) → A4351***  ***Inst\_2b: If A4252 ≠ “Health provider” (Never took to a health provider) → A4283.*** | | | | | | | | | | | | | | | | |
| A4256 | *Refer to A4252 for the first health provider and related symptoms:*  You mentioned that <NAME> went to the (first) health provider, I mean the <FIRST HEALTH PROVIDER> with <SYMPTOM(S)>. How long had <NAME> had (this / these) symptom(s) when it was decided to go to the <FIRST HEALTH PROVIDER>?  *Read “…to the first…” if took or tried to take to more than one health provider.*  *Mark days, hours &/or minutes as needed: e.g. 00 day, 02 hours, 10 minutes* | | | | | | | | | | | | **\_\_ \_\_** Days  *(DK = 99)* | | | |
| **\_\_ \_\_** Hours  *(DK = 99)* | | | |
| **\_\_ \_\_** Minutes  *(DK = 99)* | | | |
| ***Formal health careseeking matrix:*** *Ask the following questions for the first health provider where care was sought for the fatal illness.*  *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.* | | | | | | | | | | | | | | | | |
| **– ILLNESS MATRIX QUESTIONS –** | | | | | | | | | | | | | | **FIRST HEALTH PROVIDER** | | |
| What was the name of the <FIRST HEALTH PROVIDER> where <NAME> went?  *Probe to identify the name and type of provider or facility. Knowing the name of the facility might help determine its type. If the deceased was seen by a trained CHW, nurse or midwife at a health facility, then mark the type of facility where the provider was seen. Use option 5 or 10 only if the provider was seen outside of a health facility.* | | | | Public sector:   1. Government hospital 2. Government clinic/health center 3. Government health post 4. Mobile clinic 5. Trained CHW, nurse or midwife (outside a health facility) 6. Other public sector   Private medical sector:   1. Private hospital 2. Private doctor/clinic 3. Mobile clinic 4. Trained CHW, nurse or midwife (outside a health facility) 5. Other private medical sector   99. Don’t know | | | | | | | | | | A4257  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | |
| *For health care at a facility (A4257/A4266 = 1-4, 6-9, 11), ask:* Did <NAME> reach the <FIRST HEALTH PROVIDER> before s/he died?  *For health care outside a facility, ask:*  Did the <FIRST HEALTH PROVIDER> reach <NAME> before s/he died?  *If “No,” discuss with respondent to determine correct response: 2 or 3.* | | | | 1. Yes, reached before died 2. No, died on route to this provider / before this provider reached the deceased 3. No, could not reach this provider, so returned home or took other action   9. Don’t know | | | | | | | | | | A4258  🞎 ***2 → A4283***  ***3, 9 → Inst\_4*** | | |
| *Ask only for pregnancy-related deaths:*  What was her condition when she arrived at the <FIRST HEALTH PROVIDER>? Was she…  *Respondent should hear all the choices and then give one response.* | | | | 1. Alert, able to communicate, breathing easily 2. Drowsy, difficulty staying awake; gasping or very fast, shallow breathing 3. Unconscious; irregular or very slow breathing 4. Other *(specify)*   9. Don’t know | | | | | | | | | | A4258A  🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| How long did it take, from the time it was decided to seek care to the time when (<NAME> reached the <FIRST HEALTH PROVIDER> / the <FIRST HEALTH PROVIDER> reached <NAME>)?  *Read “…for the provider to reach <NAME>” if the provider saw the deceased at home or another location outside of a health facility (A4257 = 5, 10).*  *Mark hours &/or minutes as needed: e.g. 02 hours, 10 minutes.* | | | | | | | | | | | | | | A4259  **\_\_ \_\_** Hours  *(DK = 99)* | | |
| **\_\_ \_\_** Minutes  *(DK = 99)* | | |
| How long after arriving at the <FIRST HEALTH PROVIDER> did <NAME> first receive care?  *Mark hours &/or minutes as needed: e.g. 02 hours, 10 minutes.* | | | | | | | | | | | | | | A4259A  **\_\_ \_\_** Hours  *(DK = 99)* | | |
| **\_\_ \_\_** Minutes  *(DK = 99)* | | |
| Did the <FIRST HEALTH PROVIDER> refer <NAME> to another health provider or facility? | | | | 1. Yes 2. No   9. Don’t know | | | | | | | | | | A4261  🞎 ***2 or 9 →* A4264** | | |
| To where was <NAME> referred?  *Probe to identify the name and type of provider or facility. Knowing the name of the facility might help determine its type. If the deceased was referred to a trained CHW, nurse or midwife at a health facility, then mark the type of facility. Use option 5 or 10 only if the provider was to be seen outside of a health facility.* | | | | Public sector:   1. Government hospital 2. Government health center 3. Government health post 4. Mobile clinic 5. Trained CHW, nurse or midwife (outside a health facility) 6. Other public sector   Private medical sector:   1. Private hospital 2. Private doctor/clinic 3. Mobile clinic 4. Trained CHW, nurse or midwife (outside a health facility) 5. Other private medical sector   99. Don’t know | | | | | | | | | | A4262  🞎🞎  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Provider/Facility) | | |
| Did <NAME> leave the <FIRST HEALTH PROVIDER> alive? | | | | 1. Yes, left alive 2. No, died at this provider | | | | | | | | | | A4264  🞎 ***1 → Inst\_3***  ***2 → Inst\_4*** | | |
| ***Inst\_3: If A4261 = 1 (referred) → continue with A4274.***  ***Otherwise → Inst\_4*** | | | | | | | | | | | | | | | | |
| A4274 | Did <NAME> go to the health provider where s/he was referred? | | | | | 1. Yes 2. No   9. Don’t know | | | | | | | 🞎 | | | |
| ***Inst\_4: If A4257 or A4262 = 1-4, 6-9 or 11 (seen/sought care at any health facility) → continue with A4280;***  ***Otherwise → A4283)*** | | | | | | | | | | | | | | | | |
| A4280  *(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  7. Was not seen at any facility | | | | | 🞎 | | | |
| A4281  *(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  7. Was not seen at any facility | | | | | 🞎 | | | |
| A4282  *(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  7. Was not seen at any facility | | | | | 🞎 | | | |
| A4283  *(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 | | | | | 🞎 | | | |
| ***Inst\_5: If A4252 ≠ “Health Provider” (Never took to a health provider) → A4351*** | | | | | | | | | | | | | | | | |

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| **SECTION 11: TREATMENTS RECEIVED DURING THE FATAL ILLNESS (ADULT DEATHS)** | | | |
| A4301  *(10418)* | Did <NAME> receive any treatment for the illness that led to death? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 → A4304*** |
| A4302\_1  *(10419)* | Did (s)he receive oral rehydration salts? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4302\_2  *(10420)* | Did (s)he receive intravenous fluids (drip) treatment? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4302\_3  *(10421)* | Did (s)he receive a blood transfusion? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4302\_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 | 🞎 |
| A4302\_5  *(10423)* | Did (s)he receive injectable antibiotics? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4302\_6  *(10424)* | Did (s)he receive antiretroviral therapy (ART)? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4302\_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 → A4304*** |
| A4303  *(10426)* | Did s/he have the operation within 1 month before death? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4304  *(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 → A4310\_1*** |
| A4305  *(10438)* | Can I see the health records? | 1. Yes 2. No | **🞎 *2 → A4310\_1*** |
| A4306\_1check  *(10439\_check)* | Is the date of the most recent (last) visit available? | 1. Yes 2. No | 🞎 ***2→*** ***A4306\_2check*** |
| A4306\_1  *(10439)* | Record the date of the most recent (last) visit | | **\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_**  D D M M Y Y Y Y  *(DK = 99/99/9999)* |
| A4306\_2check  *(10440\_check)* | Is the date of the second most recent visit available? | 1. Yes 2. No | 🞎 ***2→*** A4307 |
| A4306\_2  *(10440)* | Record the date of the second most recent visit | | **\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_**  D D M M Y Y Y Y  *(DK = 99/99/9999)* |
| A4307  *(10441)* | *Record the date of the last note on the health records* | | **\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_**  D D M M Y Y Y Y  *(DK = 99/99/9999)* |
| A4308  *(10442)* | Record the weight (in kilograms) written at the most recent (last) visit | | **\_\_ \_\_ \_\_ \_\_** Kilograms  *(DK = 9999)* |
| A4308  *(10443)* | Record the weight (in kilograms) written at the second most recent visit | | **\_\_ \_\_ \_\_ \_\_** Kilograms  *(DK = 9999)* |
| A4309  *(10444)* | *Transcribe the last note on the health record* | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| A4310\_1  *(10130)* | During the final illness, did a health professional diagnose dengue fever?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4310\_2  *(10131)* | During the final illness, did a health professional diagnose measles?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4310\_3  *(10125)* | During the final illness, did a health professional diagnose tuberculosis?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4310\_4  *(10134)* | During the final illness, did a health professional diagnose diabetes?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4310\_5  *(10135)* | During the final illness, did a health professional diagnose asthma?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4310\_6  *(10136)* | During the final illness, did a health professional diagnose epilepsy?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4310\_7  *(10143)* | Recently or during the final illness, did a health professional diagnose kidney disease?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4310\_8  *(10144)* | Recently or during the final illness, did a health professional diagnose liver disease?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4310\_9  *(10133)* | During the final illness, did a health professional ever diagnose heart disease?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4310\_10  *(10137)* | During the final illness, did a health professional ever diagnose cancer?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4310\_11  *(10142)* | During the final illness, did a health professional ever diagnose sickle cell disease?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4311\_1  *(10138)* | During the final illness, did a health professional diagnose Chronic Obstructive Pulmonary Disease (COPD)? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4311\_2  *(10141)* | During the final illness, did a health professional diagnose stroke? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4311\_3  *(10132)* | During the final illness, did a health professional diagnose high blood pressure? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4311\_4  *(10139)* | During the final illness, did a health professional diagnose dementia? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4311\_5  *(10140)* | During the final illness, did a health professional diagnose depression? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4312  *(10128)* | Did the deceased have a recent positive test by a health professional for malaria?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎***1 →* A4314** |
| A4313  *(10129)* | Did the deceased have a recent negative test by a health professional for malaria?  *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness* | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 |
| A4314  *(10435)* | Did a health care worker tell you the cause of death? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 →* A4351** |
| A4315  *(10436)* | What did the health worker say? | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |

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| **SECTION 12: DEATH CERTIFICATE AND CIVIL REGISTRATION (ADULT DEATHS)** | | | |
| A4351  *(10462)* | Was a death certificate issued? | 1. Yes 2. No   9. Don’t know  8. Refused to answer | 🞎 ***8, 2 or 9 →*** A4363 |
| A4352  *(10463)* | Can I see the death certificate? | 1. Yes 2. No | 🞎 ***2 →*** A4363 |
| A4353  *(10464)* | *Record the immediate cause of death from the death certificate* |  | |
| A4354  *(10465)* | *Duration (1a)* |  | |
| A4355  *(10466)* | *Record the first underlying cause of death from the death certificate* |  | |
| A4356  *(10467)* | *Duration (1b)* |  | |
| A4357  *(10468)* | *Record the second underlying cause of death from the death certificate* |  | |
| A4358  *(10469)* | *Duration (1c)* |  | |
| A4363  *(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 →* A4402** |
| A4364  *(10070)* | *Record the death registration number* | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 13B: THE HOUSEHOLD (ADULT DEATHS)**  ***Read:*** Now I would like to ask you some questions about the deceased’s household. | | | |
| A4402 | Where did <NAME> stay during the fatal illness? | 1. Her/His own home 2. Her/His in-law’s home 3. Her/His parent’s home 4. Her/His brother’s home 5. Other (specify)   9. Don’t know | 🞎 ***9 → A4454***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A4405 | In an emergency, how long would it take to reach the nearest health facility from (this / that) location?  Mark hours &/or minutes as needed: e.g. 01 hour, 30 minutes.  *Read “…that location…” if the interview is being conducted somewhere other than where the deceased stayed during the illness.* | | \_\_ \_\_ Hours  *(DK = 99)* |
| \_\_ \_\_ Minutes  *(DK = 99)* |

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| **SECTION 14: SOCIAL CAPITAL AND HIV/AIDS QUESTIONS (ADULT DEATHS)**  *Read*: Now, I have some questions about (<NAME>’s / <NAME>’s <RELATIVES’>) community.    *The following questions are about the community where the deceased stayed during the fatal illness (A4402). Read either “…<NAME>’s…” or “…<NAME>’s <RELATIVES’>…” and ask A4451 – A4453 about the deceased and her/his community or her/his relatives’ community.* | | | |
| A4451 | In the 12 months before <NAME>'s death, did the people in the (village / neighborhood) work together on any of the following issues that affect the entire community or part of the community?  *Read all the issues and mark “Yes,” “No” or “Don’t know” for each one.* | 1. Health services/clinics 2. Paid job opportunities 3. Credit/finance 4. Water distribution 5. Security/police services 6. Other   *(specify)* | Yes No DK  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  1. □ 2. □ 9. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A4453A | Was <NAME> able to turn to any person or group in the community for help during her/his fatal illness)? | 1. Yes 2. No   9. Don’t know | 🞎 ***2 or 9 →* A4454** | |
| A4453 | What people or groups was <NAME> able to turn to for help?  *Prompt:* Was there anyone else?  *Multiple answers allowed. Continue prompting until the respondent says there was no one else.* | 1. Religious group 2. Women’s group 3. Savings group or microcredit program 4. Any other community group, such as a vocational training group, community cooperative, political group, sports club, youth or student group 5. Community or political leader 6. Religious leader 7. Family 8. Neighbors 9. Friends 10. Patron/employer/benefactor 11. Police 12. Other   *(specify)* | 1. □  2. □  3. □  4. □  5. □  6. □  7. □  8. □  9. □  10. □  11. □  12. □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A4454  *(10126)* | *Read:* Now I have four last questions about the deceased and the spouse/partner of the deceased.  Did the deceased ever have a positive HIV test? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| A4455  *(10127)* | Was there any diagnosis by a health professional that the deceased had AIDS? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| A4456  *(10445)* | Did the deceased’s spouse/partner ever have a positive HIV test? | 1. Yes 2. No 3. Don’t know   8. Refused to answer | 🞎 |
| A4457  *(10446)* | Was there any diagnosis by a health professional that the deceased’s spouse/partner 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 (ADULT DEATHS)**  A4471  *(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/him to correct any errors in what you wrote.* | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| A4472  *(10477)* | *Mark any of the following words that were mentioned as present in the narrative.* | 1. Chronic kidney disease 2. Dialysis 3. Fever 4. Heart attack 5. Heart problem 6. Jaundice 7. Liver failure 8. Malaria 9. Pneumonia 10. Renal (kidney) failure 11. Suicide 12. None of the above words were mentioned 13. 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.* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |