TAZAMA VERBAL AUTOPSY QUESTIONNAIRE 3
DEATH OF A PERSON AGED 13 YEARS AND ABOVE

ID/CONTROL/REFERENCE NUMBER [ ][ ][ ][ ][ ][ ][ ]

SECTION 1.1 INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	______	______	______	DAY [ ][ ] MONTH [ ][ ] YEAR [2][0][ ][ ]
INTERVIEWER'S NAME	______	______	______	INT. NUMBER [ ][ ]
RESULT*	[ ]	[ ]	[ ]	RESULT [ ]
NEXT VISIT: DATE	______	______		TOTAL NUMBER OF VISITS [ ]
TIME	______	______		

* 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED
5 PARTLY COMPLETED 6 NO APPROPRIATE RESPONDENT FOUND 7 OTHER ______ (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME ______ [ ][ ]	NAME ______ [ ][ ]	[ ][ ]	[ ][ ]
DATE ______	DATE ______		

SECTION 1.2 ADDITIONAL DEMOGRAPHIC INFORMATION
(FOR USE IN SAMPLE VITAL REGISTRATION OR DEMOGRAPHIC SURVEILLANCE SITE)

VILLAGE NAME ______
SUBVILLAGE NAME ______
BALOZI NAME ______
NAME OF THE DECEASED ______

VILLAGE NUMBER .... [ ]
SUB VILLAGE NUMBER .... [ ][ ]
BALOZI NUMBER .... [ ][ ]
HOUSEHOLD NUMBER .... [ ][ ][ ]
LINE NUMBER OF THE DECEASED .... [ ][ ]

RESIDENT IN ENUMERATION AREA 1
BODY BROUGHT HOME FOR BURIAL 2
HOME-COMING SICK 3

SAMPLE INFORMED CONSENT STATEMENT

Hello. My name is ______________________ and I am working with TAZAMA.
We are collecting information on the causes of death in the community. We would very much appreciate your participation in this effort. We want to ask you about the circumstances leading to the death of the deceased. Whatever information you provide will be kept strictly confidential. No information identifying you or the deceased will ever be released to anyone outside of this information-collection activity
Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. You may also stop the interview completely at any time without any consequences at all. However, we hope that you will participate in this survey since the results will help the government improve services for people

At this time, do you want to ask me anything about the purpose or content of this interview?

May I begin the interview now?

Signature of interviewer: ______________________ Date: ______________

RESPONDENT AGREES TO BE INTERVIEWED ... 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

ID/CONTROL/REFERENCE NUMBER

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 2. BASIC INFORMATION ABOUT RESPONDENT			
201	RECORD THE TIME AT START OF INTERVIEW (RECORD IN 24 HOURS)	HOUR .... MINUTES	
202	NAME OF THE RESPONDENT	______ (NAME)	
203	What is your relationship to the deceased?	FATHER .... 1 MOTHER .... 2 SPOUSE .... 3 SIBLING .... 4 CHILD .... 5 OTHER RELATIVE ______ 6 (SPECIFY) NO RELATION 8	
204	Did you live with the deceased in the period leading to her/his death?	YES .... 1 NO 2	
SECTION 3. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH			
301	What was the name of the deceased?	______ (NAME)	
302	Was the deceased female or male?	FEMALE .... 1 MALE 2	
303	When was the deceased born? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY .... MONTH .... YEAR	
304	How old was the deceased when s/he died? RECORD 998 IF KNOT KNOWN	AGE IN YEARS	
305	What was her/his occupation, that is, what kind of work did s/he mainly do?	FARMER .... 1 TRADER .... 2 GOV'T/PRIV'T COMP EMPLOYEE .... 3 OTHER ______ 6 (SPECIFY) DON'T KNOW 8	
306	What was the highest level of formal education the deceased attended?	NONE .... 1 PRIMARY .... 2 SECONDARY .... 3 HIGHER .... 4 DON'T KNOW 8	
307	What was her/his marital status?	NEVER MARRIED .... 1 MARRIED/LIVING WITH A PARTNER .... 2 WIDOWED .... 3 DIVORCED .... 4 SEPARATED .... 5 DON'T KNOW 8	
308	When did s/he die? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY .... MONTH .... YEAR	
309	Where did s/he die?	HOSPITAL .... 1 OTHER HEALTH FACILITY .... 2 HOME .... 3 TRADITIONAL HEALER .... 4 OTHER ______ 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH

NO.	QUESTIONS AND FILTERS	SKIP
401	Could you tell me about the illness/events that led to her/his death?	
402	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT	
403	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT'	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
	SECTION 4.1 COMMON KISWAHILI TERMS IN RESPONDENT OPEN HISTORY			
	Please,ring Yes or No to indicate whether the following terms ; terms were used by respondent			
411	Dawa za jadi/mitishamba	YES	NO	
412	Homa	YES	NO	
413	Imani ya uchawi	YES	NO	
414	Kichomi	YES	NO	
415	Kifafa	YES	NO	
416	Kikohozi	YES	NO	
417	Kipindupindu	YES	NO	
418	Kisukari	YES	NO	
419	Kuharisha	YES	NO	
420	Kukatwa mapanga	YES	NO	
421	Kupigwa	YES	NO	
422	Kushikwa ugoni	YES	NO	
423	Kutoa mimba	YES	NO	
424	Kuvimba tezi	YES	NO	
425	Majipu	YES	NO	
426	Mapigo ya moyo kwenda mbio	YES	NO	
427	Matatizo ya figo	YES	NO	
428	Matatizo ya ini	YES	NO	
429	Matatizo ya tumbo	YES	NO	
430	Maumivu ya kifua	YES	NO	
431	Maumivu ya kichwa	YES	NO	
432	Miguu kuvimba	YES	NO	
433	Miguu kuwaka moto	YES	NO	
434	Mitego	YES	NO	
435	Mkanda wa jeshi	YES	NO	
436	Pombe	YES	NO	
437	Saratani	YES	NO	
438	TB	YES	NO	
439	Ugonjwa wa kisasa/ugonjwa wa vijana/UKUMWI	YES	NO	
440	Upele	YES	NO	
441	Upungufu wa damu	YES	NO	
442	Vidonda mdomoni	YES	NO	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 5. HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS			
501	I would like to ask you some questions concerning previously known medical conditions the deceased had; injuries and accidents that the deceased suffered; and signs and symptoms that the deceased had/showed when s/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the deceased had. Please tell me if the deceased suffer from any of the following illnesses:		
502	High blood pressure?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
503	Diabetes?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
504	Asthma?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
505	Epilepsy?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
506	Malnutrition?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
507	Cancer?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 509 → 509
508	Can you specify the type or site of cancer?	TYPE/SITE ______	
509	Tuberculosis?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
510	HIV/AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
511	Did s/he suffer from any other medically diagnosed illness?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 601 → 601
512	Can you specify the illness?	ILLNESS ______	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 6 HISTORY OF INJURIES/ACCIDENTS			
601	Did s/he suffer from any injury or accident that led to her/his death?	YES ... 1 NO ... 2 DON'T KNOW ... 8	 → 604 → 604
602	What kind of injury or accident did the deceased suffer?	ROAD TRAFFIC ACCIDENT ... 01 FALL ... 02 DROWNING ... 03 POISONING ... 04 BURNS ... 05 VIOLENCE/ASSAULT ... 06 OTHER ______ 96 (SPECIFY) DON'T KNOW ... 98	
603	Was the injury or accident intentionally inflicted by someone else?	YES ... 1 NO ... 2 DON'T KNOW ... 8	
604	Do you think that s/he committed suicide?	YES ... 1 NO ... 2 DON'T KNOW ... 8	
605	Did s/he suffer from any animal/insect bite that led to her/his death?	YES ... 1 NO ... 2 DON'T KNOW ... 8	 → 607 → 607
606	What type of animal/insect?	DOG ... 1 SNAKE ... 2 INSECT ... 3 OTHER ______ 6 (SPECIFY) DON'T KNOW ... 8	
607	Did s/he have any contact with sick animals recently before death?	YES ... 1 NO ... 2 DON'T KNOW ... 8	 → 610 → 610
608	What type of animal	DOG ... 1 CHICKEN ... 2 PIG ... 3 OTHER ______ 6 (SPECIFY)	
609	How many days after the contact did s/he die?	<1 DAY ... 1 1 - 7 DAYS ... 2 > 7 DAYS ... 3 DON'T KNOW ... 8	
610	**CHECK QUESTION 302 FOR SEX OF THE DECEASED:** FEMALE ☐ → **701** MALE ☐ →		**901**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 7. SYMPTOMS AND SIGNS ASSOCIATED WITH ILLNESS OF WOMEN			
701	Did she have an **ulcer** or **swelling** in the breast?	YES .... 1 NO .... 2 DON'T KNOW 8	 → 703 → 703
702	For how long did she have an ulcer or swelling in the breast?	DAYS .... 1 [ ][ ] MONTHS .... 2 [ ][ ] DON'T KNOW 9 9 8	
703	Did she have excessive **vaginal bleeding** during menstrual periods	YES .... 1 NO .... 2 DON'T KNOW 8	 → 705 → 705
704	For how long did s/he have the excessive vaginal bleeding during menstrual periods?	DAYS .... 1 [ ][ ] MONTHS .... 2 [ ][ ] DON'T KNOW 9 9 8	
705	Did she have vaginal bleeding in between menstrual periods?	YES .... 1 NO .... 2 DON'T KNOW 8	 → 707 → 707
706	For how long did she have vaginal bleeding in between menstrual periods?	DAYS .... 1 [ ][ ] MONTHS .... 2 [ ][ ] DON'T KNOW 9 9 8	
707	Did she have abnormal **vaginal discharge**?	YES .... 1 NO .... 2 DON'T KNOW 8	 → 800 → 800
708	For how long did she have abnormal vaginal discharge?	DAYS .... 1 [ ][ ] MONTHS .... 2 [ ][ ] DON'T KNOW 9 9 8	
SECTION 8. SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY			
800	Was she aged 50 or more when she died? (check questions 303 and 304)	YES .... 1 NO .... 2 DON'T KNOW 8	→ 901
801	Was she pregnant at the time of death?	YES .... 1 NO .... 2 DON'T KNOW 8	 → 806 → 806
802	How long was she pregnant?	WEEKS .... 1 [ ][ ] MONTHS .... 2 [ ][ ] DON'T KNOW 9 9 8	
803	How many pregnancies had she had, including this one?	PREGNANCIES .... [ ][ ] DON'T KNOW 9 8	
804	During the last 3 months of pregnancy, did she suffer from any of the following illnesses: 01 Vaginal bleeding? 02 Smelly vaginal discharge? 03 Puffy face? 04 Headache? 05 Blurred vision? 06 Convulsion? 07 Febrile illness? 08 Severe abdominal pain that was not labor pain? 09 Pallor and shortness of breath (both present)? 10 Did she suffer from any other illness?	YES NO DK VAGINAL BLEEDING .... 1 2 8 SMELLY VAGINAL DISCHARGE ... 1 2 8 PUFFY FACE .... 1 2 8 HEADACHE .... 1 2 8 BLURRED VISION .... 1 2 8 CONVULSION .... 1 2 8 FEBRILE ILLNESS .... 1 2 8 SEVERE ABDOMINAL PAIN (NOT LABOR PAIN) .... 1 2 8 PALLOR/SHORTNESS OF BREATH (BOTH) .... 1 2 8 OTHER ILLNESS .... 1 2 8 SPECIFY: ________	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
805	Did she die during labor, but undelivered?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
806	Did she give birth recently?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 → 818 → 818
807	How many days after giving birth did she die?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
808	Was there excessive bleeding on the day labor started?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
809	Was there excessive bleeding during labor before delivering the baby?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
810	Was there excessive bleeding after delivering the baby?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
811	Did she have difficulty in delivering the placenta?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
812	Was she in labor for unusually long (more than 24 hours)?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
813	Was it a normal vaginal delivery?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 815 → 815
814	What type of delivery was it?	FORCEPS/VACUUM . . . 1 CAESAREAN SECTION . . . 2 OTHER ______ 6 (SPECIFY) DON'T KNOW . . . 8	
815	Did she have foul smelling vaginal discharge?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
816	Where did she give birth?	HOSPITAL . . . 1 OTHER HEALTH FACILITY . . . 2 HOME . . . 3 OTHER ______ 6 (SPECIFY) DON'T KNOW . . . 8	
817	Who conducted the delivery?	DOCTOR . . . 1 NURSE/MIDWIFE . . . 2 TRADITIONAL BIRTH ATTENDANT . . . 3 RELATIVE . . . 4 MOTHER BY HERSELF . . . 5 OTHER ______ 6 (SPECIFY) DON'T KNOW . . . 8	
818	Did she experience an abortion recently?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 → 901 → 901
819	Did she die during the abortion?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 821 → 821
820	How many days before death did she have the abortion?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
821	How many months pregnant was she when she had the abortion?	MONTHS . . . [ ][ ] DON'T KNOW . . . 9 8	
822	Did she have heavy bleeding after the abortion?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
823	Did the abortion occur by itself, spontaneously?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 901 → 901
824	Did she take medicine or treatment to induce?	YES . . . 1	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 9. SIGNS AND SYMPTOMS NOTED DURING THE FINAL ILLNESS			
901	For how long was s/he ill before s/he died?	WAS NOT ILL . . . . 0 DAYS . . . . 1 MONTHS . . . . 2 (IF 9 YEARS OR MORE PUT 99 MONTHS) DON'T KNOW 9 9 8	
902	Did s/he have a **fever**?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 →907 →907
903	For how long did s/he have a fever?	DAYS . . . . 1 MONTHS . . . . 2 DON'T KNOW 9 9 8	
904	Was the fever continuous or on and off?	CONTINUOUS . . . . 1 ON AND OFF . . . . 2 DON'T KNOW 8	
905	Did s/he have fever only at night?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
906	Did s/he have chills/rigor?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
907	Did s/he have a **cough**?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 →913 →913
908	For how long did s/he have a cough?	DAYS . . . . 1 MONTHS . . . . 2 DON'T KNOW 9 9 8	
909	Was the cough severe?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
910	Was the cough productive with sputum?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
911	Did s/he cough out blood?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
912	Did s/he have night sweats?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
913	Did s/he have **breathlessness**?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 →918 →918
914	For how long did s/he have breathlessness?	DAYS . . . . 1 MONTHS . . . . 2 DON'T KNOW 9 9 8	
915	Was s/he unable to carry out daily routines due to breathlessness?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
916	Was s/he breathless while lying flat?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
917	Did s/he have wheezing?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
918	Did s/he have **chest pain**?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →927 →927
919	For how long did s/he have chest pain?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
920	Did chest pain start suddenly or gradually?	SUDDENLY . . . 1 GRADUALLY . . . 2 DON'T KNOW . . . 8	
921	When s/he had severe chest pain, how long did it last?	LESS THAN HALF AN HOUR . . . 1 HALF AN HOUR TO 24 HOURS . . . 2 LONGER THAN 24 HOURS . . . 3 DON'T KNOW . . . 8	
922	Was the chest pain located below the breastbone (sternum)?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
923	Was the chest pain located over the heart and did it spread to the left arm?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
924	Was the chest pain located over the ribs (sides)?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
925	Was the chest pain continuous or on and off?	CONTINUOUS . . . 1 ON AND OFF . . . 2 DON'T KNOW . . . 8	
926	Did the chest pain get worse while coughing?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
927	Did s/he have **palpitations**?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
928	Did s/he have **diarrhea**?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →933 →933
929	For how long did s/he have diarrhea?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
930	Was the diarrhea continuous or on and off?	CONTINUOUS . . . 1 ON AND OFF . . . 2 DON'T KNOW . . . 8	
931	At any time during the final illness was there blood in the stool?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
932	When the diarrhea was most severe, how many times did s/he pass stools in a day?	NUMBER . . . [ ][ ] DON'T KNOW . . . 9 8	
933	Did s/he **vomit**?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →937 →937
934	For how long did s/he vomit?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
935	What was the coluor of the vomitus?	COFFEE-COLORED FLUID . . . 1 BRIGHT RED/BLOOD RED . . . 2 WATERY . . . 3 YELLOW . . . 4 FECAL . . . 5 OTHER ________ 6 (SPECIFY) DON'T KNOW . . . 8	
936	When the vomiting was most severe, how many times did s/he vomit in a day?	NUMBER . . . [ ][ ] DON'T KNOW . . . 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
937	CHECK QUESTION 302 FOR SEX OF THE DECEASED: FEMALE ☐ ↓ MALE ☐ →		939
938	CHECK QUESTIONS 801, 805, 819 TO SEE IF SHE DIED DURING PREGNANCY, LABOR, ABORTION OR POSTPARTUM: NO ☐ ↓ YES ☐ →		948
939	Did s/he have **abdominal pain**?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →941 →941
940	For how long did s/he have abdominal pain?	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 9 9 8	
941	Did s/he have **abdominal distension**?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →945 →945
942	For how long did s/he have abdominal distension?	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 9 9 8	
943	Did the distension develop rapidly within days or gradually over months?	RAPIDLY WITHIN DAYS . . . . . 1 GRADUALLY OVER MONTHS . . . . . 2 DON'T KNOW 8	
944	Was there a period of a day or longer during which s/he did not pass any stool?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
945	Did s/he have any **mass in the abdomen**?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →948 →948
946	For how long did s/he have the mass in the abdomen?	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 9 9 8	
947	Where in the abdomen was the mass located?	RIGHT UPPER ABDOMEN . . . . . 1 LEFT UPPER ABDOMEN . . . . . 2 LOWER ABDOMEN . . . . . 3 ALL OVER ABDOMEN . . . . . 4 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
948	Did s/he have **difficulty or pain while swallowing solids**?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →950 →950
949	For how long did s/he have difficulty or pain while swallowing solids?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
950	Did s/he have difficulty or pain while swallowing liquids?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →952 →952
951	For how long did s/he have difficulty or pain while swallowing liquids?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
952	Did s/he have **headache**?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →955 →955
953	For how long did s/he the have headache?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
954	Was the headache severe?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
955	Did s/he have a **stiff or painful neck**?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →957 →957
956	For how long did s/he have a stiff or painful neck?	DAYS . . . [ ][ ] DON'T KNOW . . . 9 8	
957	Did s/he have **mental confusion**?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →960 →960
958	For how long did s/he have mental confusion?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
959	Did the mental confusion start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY . . . 1 WITHIN A DAY (FAST) . . . 2 SLOWLY (MANY DAYS) . . . 3 DON'T KNOW . . . 8	
960	Did s/he become **unconscious**?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →963 →963
961	For how long was s/he unconscious?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
962	Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY . . . 1 WITHIN A DAY (FAST) . . . 2 SLOWLY (MANY DAYS) . . . 3 DON'T KNOW . . . 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
963	Did s/he have **convulsions**?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →965 →965
964	For how long did s/he have convulsions?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
965	Was s/he unable to **open the mouth**?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →967 →967
966	For how long was s/he unable to open the mouth?	DAYS . . . [ ][ ] DON'T KNOW . . . 9 8	
967	Did s/he have **stiffness of the whole body**?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →969 →969
968	For how long did s/he have stiffness of the whole body?	DAYS . . . [ ][ ] DON'T KNOW . . . 9 8	
969	Did s/he have **paralysis of one side of the body**?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →972 →972
970	For how long did s/he have paralysis of one side of the body?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
971	Did the paralysis of one side of the body start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY . . . 1 WITHIN A DAY (FAST) . . . 2 SLOWLY (MANY DAYS) . . . 3 DON'T KNOW . . . 8	
972	Did s/he have **paralysis of the lower limbs**?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →975 →975
973	How long did s/he have paralysis of the lower limbs?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
974	Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY . . . 1 WITHIN A DAY (FAST) . . . 2 SLOWLY (MANY DAYS) . . . 3 DON'T KNOW . . . 8	
975	Was there any **change in color of urine**?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →977 →977
976	For how long did s/he have the change in color of urine?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
977	During the final illness did s/he ever pass blood in the urine?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →979 →979
978	For how long did s/he pass blood in the urine?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
979	Was there any change in the amount of urine s/he passed daily?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 →982 →982
980	For how long did s/he have the change in the amount of urine passed daily?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
981	Did s/he pass too much urine, too little urine, or no urine at all?	TOO MUCH . . . 1 TOO LITTLE . . . 2 NO URINE AT ALL . . . 3 DON'T KNOW . . . 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
982	During the illness that led to death, did s/he have any **skin rash**?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 →986 →986
983	For how long did s/he have the skin rash?	DAYS . . . . [ ][ ] DON'T KNOW 9 8	
984	Was the rash on: 1 The face? 2 The trunk? 3 The arms and legs? 4 Any other place?	YES NO DK FACE . . . . 1 2 8 TRUNK . . . . 1 2 8 ARMS AND LEGS . . . . 1 2 8 OTHER PLACE . . . . 1 2 8 SPECIFY: ________	
985	What did the rash look like?	MEASLES RASH . . . . 1 RASH WITH CLEAR FLUID . . . . 2 RASH WITH PUS . . . . 3 DON'T KNOW 8	
986	Did s/he have red eyes?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
987	Did s/he have bleeding from the nose, mouth, or anus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
988	Did s/he ever have shingles/herpes zoster?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
989	Did s/he have **weight loss**?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 →990 →990
989.1	For how long did s/he have weight loss?	DAYS . . . . 1 [ ][ ] MONTHS . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
989.2	Did s/he look very thin and wasted?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
990	Did s/he have **mouth sores or white patches** in the mouth or on the tongue?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 →991 →991
990.1	For how long did s/he have mouth sores or white patches in the mouth or on the tongue?	DAYS . . . . [ ][ ] DON'T KNOW 9 8	
991	Did s/he have any **swelling**?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 →992 →992
991.1	For how long did s/he have the swelling?	DAYS . . . . 1 [ ][ ] MONTHS . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
991.2	Was the swelling on: 1 The face? 2 The joints? 3 The ankles? 4 The whole body? 5 Any other place?	YES NO DK FACE 1 2 8 JOINTS . . . . 1 2 8 ANKLES . . . . 1 2 8 WHOLE BODY 1 2 8 OTHER PLACE . . . . 1 2 8 SPECIFY: ________	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
992	Did s/he have any **lumps**?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →993 →993
992.1	For how long did s/he have the lumps?	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
992.2	Were the lumps on: 1 The neck? 2 The armpit? 3 The groin? 4 Any other place?	YES NO DK NECK . . . . . 1 2 8 ARMPIT . . . . . 1 2 8 GROIN . . . . . 1 2 8 OTHER PLACE . . . . . 1 2 8 SPECIFY: ______	
993	Did s/he have **yellow discoloration of the eyes**?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →994 →994
993.1	For how long did s/he have yellow discoloration of the eyes?	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
994	Did s/he **look pale** (thinning/lack of blood) or have pale palms, eyes or nail beds?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →995 →995
994.1	For how long did s/he look pale or have pale palms, eyes or nail beds?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	
995	Did s/he have an **ulcer**, **abscess**, or **sore** anywhere on the body?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →1001 →1001
995.1	For how long did s/he have the ulcer, abscess, or sore?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	
995.2	What was the location of the ulcer, abscess, or sore? 1 The head and/or neck? 2 Trunk 3 Extremities 4 Armpits 5 Groin 6 Genitalia 7 Others parts of the body	YES NO DK HEAD AND/OR NECK . . . . . 1 2 8 TRUNK . . . . . 1 2 8 EXTREMITIES . . . . . 1 2 8 ARMPITS . . . . . 1 2 8 GROIN . . . . . 1 2 8 GENITALIA . . . . . 1 2 8 OTHERS ______ (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 10. TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS			
1001	Did s/he receive any medical treatment for the illness that led to death?	YES .... 1 NO .... 2 DON'T KNOW 8	 →1008 →1008
1002	Can you please list the drugs s/he was given for the illness that led to death? COPY FROM PRESCRIPTION/DISCHARGE NOTES IF AVAILABLE USE THE FOLLOWING CODES FOR DRUGS 01=Antibiotic; 02=Antimalarial; 03=Anti- TB; 04=Anti-HIV 05=Anti-hypertensive; 06=Diuretic; 07=Other cardiac; 08=Anti-diabetic; 09=Anti-convulsant; 10=Analgesic/anti-pyretic; 11=Blood/blood product 12=Haematinic; 13=vitamins. 14=I don't Know	______ [ ][ ] ______ [ ][ ] ______ [ ][ ] ______ [ ][ ] ______ [ ][ ] ______ [ ][ ] ______ [ ][ ] ______ [ ][ ] ______ [ ][ ] ______ [ ][ ] ______ [ ][ ] ______ [ ][ ] ______ [ ][ ]	
1003	What type of treatment did s/he receive: 1 Oral rehydration salts and/or intravenous fluids (drip) treatment? 2 Blood transfusion? 3 Treatment/food through a tube passed through the nose? 4 Any other treatment?	YES NO DK ORS/DRIP TREATMENT .... 1 2 8 BLOOD TRANSFUSION .... 1 2 8 THROUGH THE NOSE .... 1 2 8 OTHER ______ 1 2 8 (SPECIFY)	
1004	Please tell me at which of the following places/facilities s/he received treatment during the illness that led to death 1 Home? 2 Traditional healer? 3 Government clinic? 4 Government hospital? 5 Private clinic? 6 Private hospital? 7 Pharmacy, drug seller, store? 8 Any other placer or facility?	YES NO DK HOME .... 1 2 8 TRADITIONAL HEALER .... 1 2 8 GOVERNMENT CLINIC .... 1 2 8 GOVERNMENT HOSPITAL .... 1 2 8 PRIVATE CLINIC .... 1 2 8 PRIVATE HOSPITAL .... 1 2 8 PHARMACY, DRUG SELLER, STORE .... 1 2 8 OTHER ______ 1 2 8 (SPECIFY)	
1005	In the month before death, how many contacts with formal health services did s/he have?	NUMBER OF CONTACTS .... [ ][ ] DON'T KNOW 9 8	
1006	Did a health care worker tell you the cause of death?	YES .... 1 NO .... 2 DON'T KNOW 8	 →1008 →1008
1007	What did the health care worker say?	______ ______ ______	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1008	Did s/he have any operation for the illness?	YES .... 1 NO .... 2 DON'T KNOW 8	 →1101 →1101
1009	How long before death did s/he have the operation?	DAYS .... [ ][ ] DON'T KNOW 9 8	
1010	On what part of the body was the operation?	ABDOMEN .... 1 CHEST .... 2 HEAD .... 3 OTHER ______ 6 (SPECIFY) DON'T KNOW 8	

SECTION 11. RISK FACTORS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Did s/he drink alcohol?	YES .... 1 NO .... 2 DON'T KNOW 8	 →1106 →1106
1102	How long had s/he been drinking? RECORD '00' IF LESS THAN ONE YEAR	YEARS .... [ ][ ] DON'T KNOW 9 8	
1103	How often did s/he drink alcohol?	DAILY .... 1 FREQUENTLY (WEEKLY) .... 2 ONCE IN A WHILE .... 3 DON'T KNOW 8	
1104	Did she stop drinking?	YES .... 1 NO .... 2 DON'T KNOW 8	 →1106 →1106
1105	How long before death did s/he stop drinking? RECORD '00' IF LESS THAN ONE MONTH	DAYS .... 1 [ ][ ] MONTHS .... 2 [ ][ ] DON'T KNOW 9 9 8	
1106	Did s/he smoke tobacco (cigarette, cigar, pipe etc.)?	YES .... 1 NO .... 2 DON'T KNOW 8	 →1201 →1201
1107	How long had s/he been smoking? RECORD '00' IF LESS THAN ONE YEAR	YEARS .... [ ][ ] DON'T KNOW 9 8	
1108	How often did s/he smoke?	DAILY .... 1 FREQUENTLY (WEEKLY) .... 2 ONCE IN A WHILE .... 3 DON'T KNOW 8	 →1201 →1201 →1201
1109	How many cigarettes did s/he smoke daily?	NUMBER OF CIGARETTES .... [ ][ ] DON'T KNOW 9 8	
1110	Did s/he stop smoking before death?	YES .... 1 NO .... 2 DON'T KNOW 8	 →1201 →1201
1111	How long before death did s/he stop smoking? RECORD '00' IF LESS THAN ONE MONTH	MONTHS .... [ ][ ] DON'T KNOW 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

SECTION 12. DATA ABSTRACTED FROM DEATH CERTIFICATE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	Do you have a death certifcate for the deceased?	YES . . . . . . 1 NO . . . . . . 2 DON'T KNOW 8	 → 1301 → 1301
1202	Can I see the death certificate? COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICATE.	DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ]	
1203	COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE.	DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ]	
1204	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE: ____________		
1205	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY): ____________		
1206	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY): ____________		
1207	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY):		

SECTION 13 HOUSEHOLD ECONOMICS CARE AND SUPPORT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1301	Was there any cost incurred on health care of the deceased?(inluding transport)	YES . . . . . . 1 NO . . . . . . 2 DON'T KNOW 8	 → 1304 → 1304
1302	How much spent? (if DON'T KNOW PUT 9998)	[ ][ ][ ][ ]	
1303	Who paid for the medical care? 1 1. This Household 2. Extended family 3.Friends/outsiders	YES NO DK 1. This Household 1 2 8 2. Extended family 1 2 8 3.Friends/outsiders 1 2 8	
1304	How much was paid for the funeral? (if DON'T KNOW PUT 9998)	[ ][ ][ ][ ]	
1305	Who paid for the funeral? 1 1. This Household 2. Extended family 3.Friends/outsiders	YES NO DK 1. This Household 1 2 8 2. Extended family 1 2 8 3.Friends/outsiders 1 2 8	
1306	Did the property have to be sold off?	YES . . . . . . 1 NO . . . . . . 2 DON'T KNOW 8	
1307	Who inherited the property of the deceased? 1. This Household 2. Extended family 3.Friends/outsiders	YES NO DK 1. This Household 1 2 8 2. Extended family 1 2 8 3.Friends/outsiders 1 2 8	
1308	Was there any family member who moved into help and provided care?	YES . . . . . . 1 NO . . . . . . 2 DON'T KNOW 8	

SECTION 14. DATA ABSTRACTED FROM OTHER HEALTH RECORDS			
1401	OTHER HEALTH RECORDS AVAILABLE	YES .... 1 NO 2	 → 1411
1402	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE		
1403	BURIAL PERMIT (CAUSE OF DEATH) ____________		
1404	POST MORTEM RESULTS (CAUSE OF DEATH) ____________		
1405	MCH/ANC CARD (RELEVANT INFORMATION) ____________		
1406	HOSPITAL PRESCRIPTION (RELEVANT INFORMATION) ____________		
1407	TREATMENT CARDS (RELEVANT INFORMATION) ____________		
1408	HOSPITAL DISCHARGE (RELEVANT INFORMATION) ____________		
1409	LABORATORY RESULTS (RELEVANT INFORMATION) ____________		
1410	OTHER HOSPITAL DOCUMENTS SPECIFY: ____________		
1411	RECORD THE TIME AT THE END OF INTERVIEW (RECORD IN 24 HOURS)	HOURS .... MINUTES	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: ____________________ DATE: ____________________