TAZAMA VERBAL AUTOPSY QUESTIONNAIRE 2
DEATH OF A CHILD AGED 4 WEEKS TO 12 YEARS

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	_____	_____		
TIME	_____	_____		TOTAL NUMBER OF VISITS ☐

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 THE START OF THE INTERVIEW	HOUR ..... [ ][ ] MINUTES ..... [ ][ ]	
202	NAME OF THE RESPONDENT	_____ (NAME)	
203	What is your relationship to the deceased?	FATHER ..... 1 MOTHER ..... 2 SIBLING ..... 4 OTHER RELATIVE _____ (SPECIFY) 6 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?	AGE IN YEARS ..... [ ][ ] RECORD 98 IF NOT KNOWN	
305	What was the highest level of formal education the deceased attended?	NONE ..... 1 PRIMARY ..... 2 SECONDARY ..... 3 DON'T KNOW 8	
306	When did s/he die? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY ..... [ ][ ] MONTH ..... [ ][ ] YEAR ..... [ ][ ][ ][ ]	
307	Where did s/he die?	HOSPITAL ..... 1 OTHER HEALTH FACILITY ..... 2 HOME ..... 3 TRADITIONAL HEALER ..... 4 OTHER _____ (SPECIFY) 6 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 4.0 RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH			
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 ; were used by the respondent		
411	Dawa za jadi/mitishamba	YES NO	
412	Degedege/mchango	YES NO	
413	Homa	YES NO	
414	Imani ya uchawi	YES NO	
415	Kichomi	YES NO	
416	Kifafa	YES NO	
417	Kikohozi	YES NO	
418	Kipindupindu	YES NO	
419	Kisukari	YES NO	
420	Kuharisha	YES NO	
421	Kukatwa mapanga	YES NO	
422	Kupigwa	YES NO	
423	Kushikwa ugoni	YES NO	
424	Kutoa mimba	YES NO	
425	Kuvimba tezi	YES NO	
426	Majipu	YES NO	
427	Mapigo ya moyo kwenda mbio	YES NO	
428	Matatizo ya figo	YES NO	
429	Matatizo ya ini	YES NO	
430	Matatizo ya tumbo	YES NO	
431	Maumivu ya kifua	YES NO	
432	Maumivu ya kichwa	YES NO	
433	Miguu kuvimba	YES NO	
434	Miguu kuwaka moto	YES NO	
435	Mitego	YES NO	
436	Mkanda wa jeshi	YES NO	
437	Pombe	YES NO	
438	Saratani	YES NO	
439	TB	YES NO	
440	Ugonjwa wa kisasa/ugonjwa wa vijana/UKUMWI	YES NO	
441	Upele	YES NO	
442	Upungufu wa damu	YES NO	
443	Vidonda mdomoni	YES NO	
444	Kutapika	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	Heart disease?	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)	
603	Was the injury or accident intentionally inflicted by someone else?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
604	Did s/he suffer from any animal/insect bite that led to her/his death?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 606 →606
605	What type of animal/insect?	DOG ..... 1 SNAKE ..... 2 INSECT ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
606	Did s/he have contact with any sick animals recently before death?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 609 # → 609
607	Type of animal	DOG ..... 1 CHICKEN ..... 2 PIG ..... 3 OTHER _____ 6 (SPECIFY)	
608	How many days after the contact did s/he die?	<1 DAY ..... 1 1 - 7DAYS ..... 2 >7 DAYS 3	
609	CHECK QUESTION 304 FOR AGE AT DEATH: UNDER ONE YEAR ☐ ONE YEAR OR OLDER ☐ →		801
SECTION 7. SYMPTOMS AND SIGNS NOTED DURING THE FINAL ILLNESS OF INFANTS			
701	Was the child small at birth?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
702	Was the child born prematurely?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 →704 →704
703	How many months or weeks premature? INDICATE PERIOD OF PREGNANCY	WEEKS ..... 1 ☐☐ MONTHS ..... 2 ☐☐ DON'T KNOW 9 9 8	
704	Was the child growing normally?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
705	Did the child have bulging of the fontanelle?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 →801 →801
706	For how many days before death did s/he have the bulging?	DAYS ..... ☐☐ DON'T KNOW 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 8. STATUS OF MOTHER AND SYMPTOMS NOTED DURING THE FINAL ILLNESS FOR ALL CHILDREN			
801	How is the mother's **health** now?	HEALTHY ..... 1 ILL ..... 2 NOT ALIVE ..... 3 DON'T KNOW 8	
802	For how long was the child 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	
803	Did s/he have a **fever**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 808 → 808
804	For how long did s/he have a fever?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
805	Was the fever severe?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
806	Was the fever continuous or on and off?	CONTINUOUS ..... 1 ON AND OFF ..... 2 DON'T KNOW 8	
807	Did s/he have chills/rigor?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
808	Did s/he have a **cough**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 812 → 812
809	For how long did s/he have a cough?	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW 9 9 8	
810	Was the cough severe?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
811	Did the child vomit after he/she coughed?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
812	Did s/he have **fast breathing**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 814 → 814
813	For how long did s/he have fast breathing?	DAYS ..... DON'T KNOW 9 8	
814	Did s/he have **difficulty in breathing**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 816 → 816
815	For how long did s/he have difficulty in breathing?	DAYS ..... DON'T KNOW 9 8	
816	Did s/he have **chest indrawing**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 818 → 818
817	For how long did s/he have chest indrawing?	DAYS ..... DON'T KNOW 9 8	
818	Did s/he have **noisy breathing** (grunting or wheezing)? DEMONSTRATE	YES ..... 1 NO ..... 2 DON'T KNOW 8	
819	Did s/he have flaring of the nostrils?	YES ..... 1 NO ..... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
820	Did s/he have **diarrhea**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 824 → 824
821	For how long did s/he have diarrhea?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
822	When the diarrhea was most severe, how many times did s/he pass stool in a day?	NUMBER ..... [ ][ ] DON'T KNOW 9 8	
823	At any time during the final illness was there blood in the stool?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
824	Did s/he **vomit**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 828 → 828
825	For how long did s/he vomit?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
826	When the vomiting was most severe, how many times did s/he vomit in a day?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
827	How did the vomit look like?	WATERY 1 YELLOW FLUID 2 COFEE-CLOURED FLUID 3	
828	Did s/he have **abdominal pain**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 831 → 831
829	For how long did s/he have abdominal pain?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
830	Was the abdominal pain severe?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
831	Did s/he have **abdominal distension**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 835 → 835
832	For how long did s/he have abdominal distension?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
833	Did the distension develop rapidly within days or gradually over months?	RAPIDLY WITHIN DAYS ..... 1 GRADUALLY OVER MONTHS ..... 2 DON'T KNOW 8	
834	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	
835	Did s/he have any **mass** in the abdomen?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 837 → 837
836	For how long did s/he have the mass in the abdomen?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
837	Did s/he have **headache**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 840 → 840
838	For how long did s/he have headache?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
839	Was the headache severe?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
840	Did s/he have a **stiff** or **painful neck**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 842 → 842
841	For how long did s/he have a stiff or painful neck?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
842	Did s/he have **inability to grasp**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 844 → 844
843	How many days did s/he have inability to grasp?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
844	Did s/he have inability to **respond to voice**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 846 → 846
845	How many days did s/he have **inability to respond to voice**?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
846	Did s/he become **unconscious**?	YES ..... 1 NO 2	 → 849
847	For how long was s/he unconscious?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
848	Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY ..... 1 FAST (IN A DAY) ..... 2 SLOWLY (MANY DAYS) ..... 3 DON'T KNOW 8	
849	Did s/he have **convulsions**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 853 → 853
850	For how long did s/he have convulsions?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
851	When convulsions were most frequent, how many times did s/he have convulsions per day?	NUMBER ..... [ ][ ] DON'T KNOW 9 8	
852	Between convulsions was s/he awake or unconscious?	AWAKE 1 UNCONSCIOUS 2 DON'T KNOW 8	
853	Did s/he have **stiffness of the whole body**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 855 → 855
854	How many days did s/he have stifness of the whole body?	DAYS ..... [ ][ ] DON'T KNOW 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
855	Did s/he have **paralysis of the lower limbs**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 858 → 858
856	How long did s/he have paralysis of the lower limbs?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
857	Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY ..... 1 FAST (IN A DAY) ..... 2 SLOWLY (MANY DAYS) ..... 3 DON'T KNOW 8	
858	Was there any **change in the amount of urine** s/he passed daily?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 861 → 861
859	For how long did s/he have the change in the amount of urine s/he passed daily?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
860	How much urine did s/he pass?	TOO MUCH ..... 1 TOO LITTLE ..... 2 NO URINE AT ALL ..... 3 DON'T KNOW 8	
861	What was the colour of urine?	DARK YELLOW 1 COFEE LIKE 2 BLOOD STAINED 3 DON'T KNOW 4	
862	During the illness that led to death, did s/he have any **skin rash**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 867 → 867
863	For how long did s/he have the skin rash?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
864	Was the rash located on: 1 The face? 2 The trunk? 3 On the arms and legs?	**YES NO DK** FACE ..... 1 2 8 TRUNK ..... 1 2 8 ARMS AND LEGS 1 2 8	
865	What did the rash look like?	MEASLES RASH ..... 1 RASH WITH CLEAR FLUID ..... 2 RASH WITH PUS ..... 3 DON'T KNOW 8	
866	Did s/he have itching?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
867	Did s/he have red eyes?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
868	Did s/he have bleeding from the nose, mouth, or anus?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
869	Did s/he have **weight loss**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 872 → 872
870	For how long before death did s/he have the weight loss?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
871	Did s/he look very thin and wasted?	YES ..... 1 NO ..... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
872	Did s/he have **mouth sores** or **white patches** in the mouth or on the tongue?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 874 → 874
873	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	
874	Did s/he have any **swelling**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 877 → 877
875	For how long did s/he have the swelling?	DAYS ..... 1 ☐☐ MONTHS ..... 2 ☐☐ DON'T KNOW 9 9 8	
876	Was the swelling on:	**YES NO DK**	
	1 The face?	FACE 1 2 8	
	2 The joints?	JOINTS 1 2 8	
	3 The ankles?	ANKLES 1 2 8	
	4 The whole body?	WHOLE BODY 1 2 8	
	5 Any other place?	OTHER PLACE ..... 1 2 8 SPECIFY: _____ ↵	
877	Did s/he have any **lumps**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 880 → 880
878	For how long did s/he have any lumps?	DAYS ..... 1 ☐☐ MONTHS ..... 2 ☐☐ DON'T KNOW 9 9 8	
879	Were the lumps on:	**YES NO DK**	
	1 The neck?	NECK 1 2 8	
	2 The armpit?	ARMPIT 1 2 8	
	3 The groin?	GROIN 1 2 8	
	4 Any other place?	OTHER PLACE ..... 1 2 8 SPECIFY: _____ ↵	
880	Did s/he have **yellow discoloration of the eyes**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 882 → 882
881	For how long did s/he have the yellow discoloration of the eyes?	DAYS ..... 1 ☐☐ MONTHS ..... 2 ☐☐ DON'T KNOW 9 9 8	
882	Did her/his **hair color change** to reddish or yellowish?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 884 → 884
883	For how long did s/he have reddish/yellowish hair?	DAYS .... 1 ☐☐ MONTHS ..... 2 ☐☐ DON'T KNOW 9 9 8	
884	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	 → 886 → 886
885	For how long did s/he look pale (thinning/lack of blood) or have pale palms, eyes, or nail beds?	DAYS .... ☐☐ DON'T KNOW 9 8	
886	Did s/he have **sunken eyes**?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 901 → 901
887	For how long did s/he have sunken eyes?	DAYS .... ☐☐ DON'T KNOW 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 9. TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS			
901	Was s/he vaccinated for measles?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
902	Was s/he vaccinated for BCG?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
903	Was s/he vaccinated for DPT-HB?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
904	Was s/he vaccinated for POLIO?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
905	Did s/he receive any treatment for the illness that led to death?	YES ..... 1 NO ..... 2 → 912 DON'T KNOW ..... 8 → 912	
906	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	_____ || _____ || _____ || _____ || _____ || _____ || _____ || _____ || _____ || _____ || _____ ||	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
907	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)	
908	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 place 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)	
909	In the month before death, how many contacts with formal health services did s/he have?	NUMBER OF CONTACTS ..... [ ][ ] DON'T KNOW 9 8	
910	Did a health care worker tell you the cause of death?	YES ..... 1 NO ..... 2 → 912 DON'T KNOW ..... 8 → 912	
911	What did the health care worker say?	_____ _____ _____	
912	Did s/he have any operation for the illness?	YES ..... 1 NO ..... 2 → 1001 DON'T KNOW ..... 8 → 1001	
913	How long before death did s/he have the operation?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
914	On what part of the body was the operation?	ABDOMEN ..... 1 CHEST ..... 2 HEAD ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 10. DATA ABSTRACTED FROM DEATH CERTIFICATE			
1001	Do you have a death certifcate for the deceased?	YES ..... 1 NO ..... 2 → 1101 DON'T KNOW ..... 8 → 1101	
1002	Can I see the death certificate? COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICATE.	**DAY** **MONTH** **YEAR** ☐☐ ☐☐ ☐☐☐☐	
1003	COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE.	**DAY** **MONTH** **YEAR** ☐☐ ☐☐ ☐☐☐☐	
1004	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE:		
1005	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY):		
1006	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY):		
1007	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY):		
SECTION 11 HOUSEHOLD ECONOMICS CARE AND SUPPORT			
1101	Was there any cost incurred on health care of the deceased? (inluding transport)	YES ..... 1 NO ..... 2 → 1104 DON'T KNOW ..... 8 → 1104	
1102	How much spent? (if DON'T KNOW PUT 9998)	☐☐☐☐	
1103	Who paid for the medical care? 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	
1104	How much was paid for the funeral? (if DON'T KNOW PUT 9998)	☐☐☐☐	
1105	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	
1106	Did the property have to be sold off?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
1107	Was there any family member who moved into help and provided care?	YES ..... 1 NO ..... 2 DON'T KNOW 8	

SECTION 11. DATA ABSTRACTED FROM OTHER HEALTH RECORDS			
1101	OTHER HEALTH RECORDS AVAILABLE	YES ..... 1 NO 2	→ 1111
1102	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE		
1103	BURIAL PERMIT (CAUSE OF DEATH) _____		
1104	POST MORTEM RESULTS (CAUSE OF DEATH) _____		
1105	MCH/ANC CARD (RELEVANT INFORMATION) _____		
1106	HOSPITAL PRESCRIPTION (RELEVANT INFORMATION) _____		
1107	TREATMENT CARDS (RELEVANT INFORMATION) _____		
1108	HOSPITAL DISCHARGE (RELEVANT INFORMATION) _____		
1109	LABORATORY RESULTS (RELEVANT INFORMATION) _____		
1110	OTHER HOSPITAL DOCUMENTS SPECIFY: _____		
1111	RECORD THE TIME AT THE END OF INTERVIEW	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: _____