TAZAMA VERBAL AUTOPSY QUESTIONNAIRE 1
DEATH OF A CHILD AGED UNDER 4 WEEKS

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	HOUR .... [ ][ ] MINUTES .... [ ][ ]	
202	NAME OF THE RESPONDENT	________ (NAME)	
203	What is your relationship to the deceased?	FATHER .... 1 MOTHER .... 2 SIBLING .... 4 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?	AGE IN DAYS .... [ ][ ] RECORD 98 IF NOT KNOWN	
305	When did s/he die? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY .... [ ][ ] MONTH .... [ ][ ] YEAR .... [ ][ ][ ][ ]	
306	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			
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	Kitovu kutokwa na usaha/damu	YES	NO	
421	Kuharisha	YES	NO	
422	Kukatwa mapanga	YES	NO	
423	Kupigwa	YES	NO	
424	Kushikwa ugoni	YES	NO	
425	Kutoa mimba	YES	NO	
426	Kutokwa na damu puani,mdomoni,sehemu ya haja kubwa n.k	YES	NO	
427	Kuvimba tezi	YES	NO	
428	Majipu	YES	NO	
429	Manjano	YES	NO	
430	Mapigo ya moyo kwenda mbio	YES	NO	
431	Matatizo ya figo	YES	NO	
432	Matatizo ya ini	YES	NO	
433	Matatizo ya tumbo	YES	NO	
434	Maumivu ya kifua	YES	NO	
435	Maumivu ya kichwa	YES	NO	
436	Miguu kuvimba	YES	NO	
437	Miguu kuwaka moto	YES	NO	
438	Mitego	YES	NO	
439	Mkanda wa jeshi	YES	NO	
440	Pombe	YES	NO	
441	Saratani	YES	NO	
442	TB	YES	NO	
443	Ugonjwa wa kisasa/ugonjwa wa vijana/UKUMWI	YES	NO	
444	Upele	YES	NO	
445	Upungufu wa damu	YES	NO	
446	Vidonda mdomoni	YES	NO	
447	Kutapika	YES	NO	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 5. PREGNANCY HISTORY			
501	I would like to ask you some questions concerning the mother and symptoms that the deceased had/showed at birth and shortly after. Some of these questions may not appear to be directly related to the baby's death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptom that the deceased had.		
502	Was this mother's first birth?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 505 → 503 → 503
503	How many previous livebirths	NUMBER OF LIVEBIRTHS [ ][ ] DON'T KNOW	
504	How many previous stillbirths?	NUMBER OF STILL BIRTHS [ ][ ] DON'T KNOW	
505	How many months was the pregnancy when the baby was born?	MONTHS .... [ ][ ] DON'T KNOW 98	 → 510
506	Did the pregnancy end earlier than expected?	YES .... 1 NO .... 2 DON'T KNOW 98	 → 508 → 510
507	How many weeks before the expected date of delivery?	WEEKS .... [ ][ ] DON'T KNOW 98	
508	Did the pregnancy ended later than expected?	YES .... 1 NO .... 2 DON'T KNOW 98	 → 510 → 510
509	How many weeks after the expected date of delivery?	WEEKS .... [ ][ ] DON'T KNOW 98	
510	During the pregnancy did the mother suffer from any of the following known illnesses:	YES NO DK	
	1 High blood pressure?	HIGH BLOOD PRESSURE 1 2 8	
	2 Heart disease?	HEART DISEASE 1 2 8	
	3 Diabetes?	DIABETES 1 2 8	
	4 Epilepsy/convulsion?	EPILEPSY/CONVULSION 1 2 8	
	5 Did she suffer from any other medically diagnosed illness?	OTHER .... 1 2 8 ________ (SPECIFY)	
511	During the last 3 months of pregnancy did the mother suffer from any of the following illnesses:	YES NO DK	
	01 Vaginal bleeding?	VAGINAL BLEEDING 1 2 8	
	02 Smelly vaginal discharge?	SMELLY VAGINAL DISCHARGE 1 2 8	
	03 Puffy face?	PUFFY FACE 1 2 8	
	04 Headache?	HEADACHE 1 2 8	
	05 Blurred vision?	BLURRED VISION 1 2 8	
	06 Convulsion?	CONVULSION 1 2 8	
	07 Febrile illness?	FEBRILE ILLNESS 1 2 8	
	08 Severe abdominal pain that was not labor pain?	SEVERE ABDOMINAL PAIN (NOT LABOR PAIN) 1 2 8	
	09 Pallor and shortness of breath (both present)?	PALLOR/SHORTNESS OF BREATH (BOTH) 1 2 8	
	10 Did she suffer from any other illness?	OTHER ILLNESS .... 1 2 8 ________ (SPECIFY)	
512	Was the child a single or multiple birth?	SINGLETON .... 1 TWIN .... 2 TRIPLET OR MORE .... 3 DON'T KNOW 98	→ 601 → 601
513	What was the birth order of the child that died?	FIRST .... 1 SECOND .... 2 THIRD OR HIGHER .... 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
SECTION 6. DELIVERY HISTORY				
601	Where was the child born?	HOSPITAL OTHER HEALTH FACILITY HOME OTHER ________ (SPECIFY) DON'T KNOW	1 2 3 6 8	
602	Who assisted with the delivery?	DOCTOR NURSE/MIDWIFE TRADITIONAL BIRTH ATTENDANT RELATIVE MOTHER BY HERSELF OTHER ________ (SPECIFY) DON'T KNOW	1 2 3 4 5 6 8	
603	When did the water break?	BEFORE LABOR STARTED DURING LABOR DON'T KNOW	1 2 8	
604	How many hours after the water broke was the baby born?	LESS THAN 24 HOURS 24 HOURS OR MORE DON'T KNOW	1 2 8	
605	Was the water foul smelling?	YES NO DON'T KNOW	1 2 8	
606	What was the colour of the water when it broke?	CLEAR GREEN OR BROWN OTHER DON'T KNOW	1 2 3 4	
607	Did the baby stop moving in the womb?	YES NO DON'T KNOW	1 2 8	 → 609 → 609
608	When did the baby stop moving in the womb?	BEFORE LABOR STARTED DURING LABOR DON'T KNOW	1 2 8	
609	Did a birth attendant listen for fetal heart sounds during labor?	YES NO DON'T KNOW	1 2 8	 → 611 → 611
610	Were fetal heart sounds present?	YES NO DON'T KNOW	1 2 8	
611	Was there excess bleeding on the day labor started?	YES NO DON'T KNOW	1 2 8	
612	Did the mother have a fever on the day labor started?	YES NO DON'T KNOW	1 2 8	
613	How long did the labor pains last?	LESS THAN 12 HOURS 12-23 HOURS 24 HOURS OR MORE DON'T KNOW	1 2 3 8	
614	Was it a normal vaginal delivery?	YES NO DON'T KNOW	1 2 8	→ 616 → 616
615	What type of delivery was it?	FORCEPS/VACUUM CAESAREAN SECTION OTHER ________ (SPECIFY) DON'T KNOW	1 2 6 8	
616	Which part of the baby came first?	HEAD BOTTOM FEET ARM/HAND OTHER ________ (SPECIFY) DON'T KNOW	1 2 3 4 6 8	
617	Did the umbilical cord come out before the baby was born?	YES NO DON'T KNOW	1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 7. CONDITION OF THE BABY SOON AFTER BIRTH			
701	At birth what was the size of the baby?	SMALLER THAN NORMAL .... 1 NORMAL .... 2 LARGER THAN NORMAL .... 3 DON'T KNOW 8	
702	Was the baby premature?	YES .... 1 NO .... 2 DON'T KNOW 8	 → 704 → 704
703	How many months or weeks along was the pregnancy? INDICATE PERIOD OF PREGNANCY	MONTHS .... 1 [ ][ ] WEEKS .... 2 [ ][ ] DON'T KNOW 9 9 8	
704	What was the birth weight of the baby?	KILOGRAMS .... [ ].[ ] DON'T KNOW 9 8	
705	Was anything applied to the umbilical cord stump after birth?	YES .... 1 NO .... 2 DON'T KNOW 8	 → 707 → 707
706	What was applied? 1. Antiseptic 2.A clip 3. A string or pierce of khanga 4.A cowdung 5.Other	YES NO DK 1. Antiseptic .... 1 2 8 2.A clip .... 1 2 8 3. A string or pierce of khanga .... 1 2 8 4.A cowdung .... 1 2 8 5.Other .... 1 2 8 (SPECIFY)	
707	Were there any signs of injury or broken bones?	YES .... 1 NO .... 2 DON'T KNOW 8	 → 709 → 709
708	On what part of the bodywere the marks? 1. Head and/or neck 2. Upper and/or lower limbs 3.Trunk 4. Others	YES NO DK 1. Head and/or neck .... 1 2 8 2. Upper and/or lower limbs .... 1 2 8 3.Trunk .... 1 2 8 4. Others .... 1 2 8 (SPECIFY)	
709	Was there any sign of paralysis?	YES .... 1 NO .... 2 DON'T KNOW 8	
710	Did the baby have any malformation?	YES .... 1 NO .... 2 DON'T KNOW 8	 → 712 → 712
711	What kind of malformation did the baby have?	SWELLING/DEFECT ON THE BACK .... 1 VERY LARGE HEAD .... 2 VERY SMALL HEAD .... 3 DEFECT OF LIP AND/OR PALATE .... 4 OTHER MALFORMATION ______ 6 (SPECIFY) DON'T KNOW 8	
712	What was the color of the baby at birth?	NORMAL .... 1 PALE .... 2 BLUE .... 3 DON'T KNOW 8	
713	Did the baby breathe after birth, even a little?	YES .... 1 NO .... 2 DON'T KNOW 8	
714	Was the baby given assistance to breathe?	YES .... 1 NO .... 2 DON'T KNOW 8	
715	Did the baby ever cry after birth, even a little?	YES .... 1 NO .... 2 DON'T KNOW 8	
716	Did the baby ever move, even a little?	YES .... 1 NO .... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 713, 715, AND 716 FOR CODES 'NO': ALL THREE CODES 'NO': THE BABY DIDN'T BREATH, THE BABY DIDN'T CRY, THE BABY DIDN'T MOVE ☐ OTHER: ☐		OTHER → 801
718	If the baby did not cry, breathe or move, was it born dead?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 801 → 801
719	Was the baby macerated, that is, showed signs of decay?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 1001 → 1001 → 1001

SECTION 8. HISTORY OF INJURIES/ACCIDENTS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Did the baby suffer from any injury or accident that led to her/his death?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 804 → 804
802	What kind of injury or accident did the baby suffer?	ROAD TRAFFIC ACCIDENT ..... 01 FALL ..... 02 DROWNING ..... 03 POISONING ..... 04 BURNS ..... 05 VIOLENCE/ASSAULT ..... 06 OTHER ______ 96 (SPECIFY) DON'T KNOW 98	
803	Was the injury or accident intentionally inflicted by someone else?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
804	Did the baby suffer from any animal/insect bite that led to her/his death?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 806 → 806
805	What type of animal/insect?	DOG ..... 1 SNAKE ..... 2 INSECT ..... 3 OTHER ______ 6 (SPECIFY) DON'T KNOW 8	
806	Did s/he have contact with any sick animal recently before death	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 901 → 901
807	Type of animal	DOG ..... 1 CHICKEN ..... 2 PIG ..... 3 OTHER ______ 6 (SPECIFY)	
808	How many days after the contact did s/he die?	<1 DAY ..... 1 1 - 7DAYS ..... 2 >7 DAYS 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 9. NEONATAL ILLNESS HISTORY			
901	Was the baby ever able to suckle or bottle-feed?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 905 → 905
902	How soon after birth did the baby suckle or bottle-feed?	HOURS ..... 1 [ ][ ] DAYS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
903	Did the baby stop suckling or bottle-feeding?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 905 → 905
904	How many days after birth did the baby stop suckling or bottle-feeding?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
905	Was the breastfeeding exclusive?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
906	Did the baby have convulsions?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 909 → 909
907	How soon after birth did the convulsions start?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
908	How long did convulsions last?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
909	Did the baby become stiff and arched backwards?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 911 → 911
910	How long did sffness and arching last?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
911	Did the child have bulging of the fontanelle?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 914 → 914
912	How many days after birth did the bulging start?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
913	How long did the bulging last?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
914	Did the baby become unresponsive or unconscious?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 917 → 917
915	How many days after birth did the baby become unresponsive or unconscious?'	DAYS ..... [ ][ ] DON'T KNOW 9 8	
916	How many days did the unresponsiveness or unconsciousness last?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
917	Did the baby have a fever?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 920 → 920
918	How many days after birth did the fever start?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
919	How lond did the fever last?	DAYS ..... [ ][ ] DON'T KNOW 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
920	Did the baby become cold to the touch?	YES ... 1 NO ... 2 DON'T KNOW ... 8	 → 923 → 923
921	How many days after birth did the baby become cold to the touch?	DAYS ... [ ][ ] DON'T KNOW ... 9 8	
922	How long did the cold last?	DAYS ... [ ][ ] DON'T KNOW ... 9 8	
923	Did the baby have a cough?	YES ... 1 NO ... 2 DON'T KNOW ... 8	 → 926 → 926
924	How many days after birth did the baby start to cough?	DAYS ... [ ][ ] DON'T KNOW ... 9 8	
925	How long did the cough last?	DAYS ... [ ][ ] DON'T KNOW ... 9 8	
926	Did the baby have fast breathing?	YES ... 1 NO ... 2 DON'T KNOW ... 8	 → 929 → 929
927	How many days after birth did the baby start breathing fast?	DAYS ... [ ][ ] DON'T KNOW ... 9 8	
928	How many days did the fast breathing last?	DAYS ... [ ][ ] DON'T KNOW ... 9 8	
929	Did the baby have difficulty breathing?	YES ... 1 NO ... 2 DON'T KNOW ... 8	 → 935 → 935
930	How many days after birth did the baby start having difficulty in breathing?	DAYS ... [ ][ ] DON'T KNOW ... 9 8	
931	How long did the difficult in breathing last?	DAYS ... [ ][ ] DON'T KNOW ... 9 8	
932	Did the baby have chest indrawing?	YES ... 1 NO ... 2 DON'T KNOW ... 8	
933	Did the baby have grunting? DEMONSTRATE	YES ... 1 NO ... 2 DON'T KNOW ... 8	
934	Did the baby have flaring of the nostrils?	YES ... 1 NO ... 2 DON'T KNOW ... 8	
935	Did the baby have diarrhea?	YES ... 1 NO ... 2 DON'T KNOW ... 8	 → 939 → 939
936	How many days after birth did the baby start to have diarrhea	DAYS ... [ ][ ] DON'T KNOW ... 9 8	
937	When the diarrhea was most severe, how many times did the baby pass stools in a day?	NUMBER ... [ ][ ] DON'T KNOW ... 9 8	
938	Was there blood in the stools?	YES ... 1 NO ... 2 DON'T KNOW ... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
939	Did the baby have vomiting?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 → 943 → 943
940	How many days after birth did vomiting start?	DAYS . . . . [ ][ ] DON'T KNOW 9 8	
941	When the vomiting was most severe, how many times did the baby vomit in a day?	NUMBER OF TIMES A DAY . . . . [ ][ ]	
942	What was the color of the vomitus?	WATERY . . . . 1 YELLOW FLUID . . . . 2 COFEE-CLOURED FLUID . . . . 3 DON'T KNOW 8	
943	Did the baby have abdominal distension?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 → 947 → 947
944	How many days after birth did the baby have abdominal distension?	DAYS . . . . [ ][ ] DON'T KNOW 9 8	
945	How long did the abdominal distension last?	DAYS . . . . [ ][ ] DON'T KNOW 9 8	
946	Did the baby have difficult in passing stool?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
947	Did the baby have redness or discharge from the umbilical cord stump?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
948	Did the baby have a pustular skin rash?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
949	Did the baby have yellow palms or soles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 → 952 → 952
950	How many days after birth did the yellow palms or soles begin?	DAYS . . . . [ ][ ] DON'T KNOW 9 8	
951	For how many days did the baby have yellow palms or soles?	DAYS . . . . [ ][ ] DON'T KNOW 9 8	
952	Did the baby have bleeding from the nose,mouth or anus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

SECTION 10. MOTHER'S HEALTH AND CONTEXTUAL FACTORS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	What was the age of the mother at the time the baby died?	YEARS . . . . [ ][ ] DON'T KNOW 9 8	
1002	Did the mother receive antenatal care?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1003	Did the mother receive tetanus toxoid (TT) vaccine?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 → 1005 → 1005
1004	How many doses?	NUMBER OF DOSES . . . . [ ][ ] DON'T KNOW 9 8	
1005	How is the mother's health now?	HEALTHY . . . . 1 ILL . . . . 2 NOT ALIVE . . . . 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 11 TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS			
1101	Did the baby receive any treatment for the illness that led to death?	YES .... 1 NO .... 2 DON'T KNOW 8	 →1201 →1201
1102	Can you please list the treatments the baby 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 remember any.	____________ [ ][ ] ____________ [ ][ ] ____________ [ ][ ] ____________ [ ][ ] ____________ [ ][ ] ____________ [ ][ ] ____________ [ ][ ] ____________ [ ][ ] ____________ [ ][ ] ____________ [ ][ ] ____________ [ ][ ] ____________ [ ][ ] ____________ [ ][ ]	
1103	Please tell me at which of the following places or facilities the baby 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 HEALE .... 1 2 8 GOVERNMENT CLINI(........... 1 2 8 GOVERNMENT HOSPITAI .... 1 2 8 PRIVATE CLINI(................ 1 2 8 PRIVATE HOSPITAI .... 1 2 8 PHARMACY, DRUG SELLER, STORE .... 1 2 8 OTHER .... 1 2 8 ____________ (SPECIFY)	
1104	In the month before death, how many contacts with formal health services did the baby have?	NUMBER OF CONTACT .... [ ][ ] DON'T KNOW 9 8	
1105	Did a health care worker tell you the cause of death?	YES .... 1 NO .... 2 DON'T KNOW 8	 →1201 →1201
1106	What did the health care worker say?	____________ ____________ ____________	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 12 DATA ABSTRACTED FROM DEATH CERTIFICATE			
1201	Do you have a death certifcate for the baby?	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			
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. 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	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. (RECORD INFORMATION ABOUT MOTHER AND STILLBORN DECEASED CHILD)		
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	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: ____________________