

FORM 3: DEATH QUESTIONNAIRE

- D1. Date of interview |_|_|/|_|_|/|_|_|_|_|
- D2. Province |_|_|
- D3. District |_|_|
- D4. Administrative post |_|_|
- D5. Locality |_|_|
- D6. Community |_|_|
- D7. Enumeration area |_|_|
- D8. Hamlet/Communal unit |_|_|
- D9. Area/Block |_|_|
- D10. Household |_|_|_|
- D11. Name of head of household _____
- D12. Respondent's name _____

Consent

INTERVIEWER: Read the consent form to the respondent. Ask the respondent if he or she has any questions. Once any questions are answered, ask the respondent if he or she is willing to take part in the study.

INTERVIEWER: Did respondent give consent? Yes=1, No=2,

⇒ If 2 → Thank respondent for their time and end the interview.

- D13. What was the name of the deceased? _____
- D14. What is the name of mother of the deceased? _____
- D15. What is the name of father of the deceased? _____
- D16. When was the deceased born? |_|_|/|_|_|/|_|_|_|_|
- D17. When did the deceased die? |_|_|/|_|_|/|_|_|_|_|
- D18. Calculate the age at death:
- a. Less than one month, age in days |_|_|
 - b. One month and under 2 years of age, age in months |_|_|
 - c. Two years and above, in years |_|_|

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D19. What was the sex of the deceased? (Male=1, Female =2, DK=9) |__|

If sex is female and age at death ≥ 10 & ≤ 54 years

- a. Was (NAME) pregnant when she died? (Yes/No) if Yes, skip to D21
- b. Did (NAME) died during childbirth? (Yes/No) if Yes, skip to D21
- c. Did (NAME) died within two months after the end of a pregnancy or childbirth? (Yes/No)

D20. Where did the deceased die? (health facility=1, Home=2 and other=3) |__|

D21. When is the appropriate day for the verbal autopsy interview?

|_|_|/|_|_|/|_|_|_|_|

D22. What is the name of contact person? _____

D23. What is the phone number of contact person? |_|_|_|_|_|_|_|_|