Village/Cluster	HH	DeathID

COMSA- VERBAL AND SOCIAL AUTOPSY QUESTIONNAIRE

SECTION 2: BACKGROUND

2.4 BACKGROUND and GENERAL SIGNS AND SYMPTOMS

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* *0. Pre-school (01-02-03)* *1. Literacy class (Year: 01-02-03)* *2.* Primary EP1 (Grade: 01-05) 3. Primary EP2 (Grade: 06-07) 4. Secondary ESG1 (Grade: 08-10) 5. Secondary ESG2 (Grade:11-12) 6. Elementary Technical (Year: 01-03) 7. Basic Technical (Year: 01-03) 8. Mid-Level Technical (Year: 01-03) 9. Teacher Training (Year: 01-03) 10. Higher (Year: 01-07) 99. Don't know 88. Refused to answer	☐ **88 or 99 → A4006**
A4005	What is the highest [GRADE/YEAR] she/he completed (at that level)? *For Child deaths, do not read "at that level."* *If completed less than 1 year at that level, record '00'.*		___ ___ Grade/Year **>= 8 → A4007** *(DK = 99)*
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?	1. Unemployed (not at work) 2. Employed (at work) 3. Homemaker 4. Pensioner 5. Student 6. Other 9. 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, 2, 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 9. Don't know 8. Refused to answer	☐ ***2*** **→ A4013m** ***3*** **→ A4013y** ***8, 9*** **→ A4014**
A4013d *(10120_ 1)*	Days: *Record days if less than 30 days—if less than 24 hours, record "00" days.*		___ ___ Days if >00 →A4051 *(DK = 99)*
A4013m *(10121)*	Months *Record months if between 1-11 months*		___ ___ Months →A4051 *(DK = 99)*
A4013y *(10120_ 1)*	Years *Record years if 1 year or more*		___ ___ 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	☐

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 the loose or liquid stools lasted 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_)*	[Enter how long the loose or liquid stools lasted 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	☐ ***8, - 2 or 9*** → **A4066**
A4063 *(10189)*	Did s/he vomit in the week preceding death?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
A4064_units *(10190_units)*	How long before death did she 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*** → **A4065**
A4064_a *(10190_a)*	[Enter how long before death she 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 she vomited in months]: *Enter 1-60 months*		___ ___ Months *(DK = 99)*
A4064_1 *(10191)*	Was there blood in the vomit?	1. Yes 2. No 9. 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]:		___ ___ Hours → ***A4070*** *(DK = 99)*
A4069_b *(10197_a)*	[Enter how long (s)he had belly (abdominal) pain in days]:		___ ___ Days → ***A4070*** *(DK = 99)*
A4069_c *(10198)*	[Enter how long (s)he had belly (abdominal) pain in months]:		___ ___ Months → **A4070** *(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 9. 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 1. 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 the 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 she 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?	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_units *(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 s/he had the stiff neck, in days]: *Enter 0-30 days.*		___ ___ Days → ***A4098*** *(DK = 99)*
A4097_b *(10209_b)*	[Enter how long before death s/he had the 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 9. Don't know 8. Refused to answer	☐
A4105 *(10218)*	Did the unconsciousness continue until death?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
A4106 *(10219)*	During the illness that led to death, did <NAME> have convulsions?	1. Yes 2. No 9. 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 9. 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 oozed pus, in days]: *Enter 0-30 days.*		___ ___ Days → ***A4118*** *(DK = 99)*
A4117_b *(10232_b)*	[Enter how long the ulcer 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 10. 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 the difficulty swallowing lasted, in days]: *Enter 0-30 days.*		___ ___ Days → ***A4151*** *(DK = 99)*
A4150_b *(10262_b)*	[Enter how long the difficulty swallowing lasted, 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 11.Don't know 8. Refused to answer	☐
Inst_1: If Q1601=1 (sex of deceased = male) → <u>A4206</u>			
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)*
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)*
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? *Enquire the respondent about his/hers understanding of what is an abnormally positioned baby; if unclear or wrong, explain that it refers to babys' 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)*
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 → 10337 (A4198)			
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 / complete the miscarriage / have the abortion??	1. Doctor 2. Midwife 3. Nurse 4. Relative 5. Self (the mother) 6. Traditional birth attendant 7. Other 9. 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*** → **A4251**
A4206_1 *(10079)*	Was it a road traffic accident?	1. Yes 2. No 9. 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 9. 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 9. 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 9. 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 9. 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 9. 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 9. 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 9. 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 9. 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 9. Don't know 8. Refused to answer	☐
A4206_11 *(10089)*	Was (s)he injured by burns/fire?	1. Yes 2. No 9. 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 9. Don't know 8. Refused to answer	☐
A4206_13 *(10091)*	Was (s)he injured by a firearm?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
A4206_14 *(10092)*	Was (s)he stabbed, cut or pierced?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
A4206_15 *(10093)*	Was (s)he strangled?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
A4206_16 *(10094)*	Was (s)he injured by a blunt force?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐

A4206_17 *(10095)*	Was (s)he injured by a force of nature?	1. Yes 2. No 9. 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 9. Don't know 8. Refused to answer	☐
A4206_19 *(10097)*	Did (s)he encounter any other injury?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
A4206_20 *(10098)*	Was the injury accidental?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
A4206_21 *(10099)*	Was the injury self-inflicted?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ ***1 → A4207***
A4206_22 *(10100)*	Was the injury intentionally inflicted by someone else?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ ***1 → A4207***
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)*

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.

A4251	Did <NAME> receive, or did you 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 → A4254*** ***9 → A4284***

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 pregnancy-related deaths: Mark any provider where the woman had an abortion (spontaneous or induced) or delivered.

For all adults: 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.

(1) If the illness lasted 3 months or more, 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 where the woman aborted or delivered. (4) Mark the symptom(s) that were present when each action was taken.

(2) *If the illness lasted less than 3 months, 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.*

(1) Action	(2) Other care			(2) Health care providers					(3)	(4)
# 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	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	☐	☐	☐	☐	☐	☐	☐		☐	

Inst_2: If A4252 ≠ "Health care provider" (Never took to a health care provider) → A4254

A4253	*If any formal care given or sought, ask:* Who decided to seek care for <NAME>'s illness from the <FIRST FORMAL PROVIDER>? *Record the one main decision maker.*	1. Adult deceased him/herself 2. Adult deceased's spouse/partner 3. Someone else (*specify*) ..... 9. Don't know	☐ _____
A4254	***If <u>never</u> <u>taken</u> to a health provider, ask:*** Did you or <NAME> have any concerns or problems that kept him/her from going to a health provider during the illness? ***If <u>taken</u> to a health provider, ask:*** Did you or <NAME> have to overcome any concerns or problems for him/her to go the (first) health provider?	1. Yes 2. No 9. Don't know	☐ ***8, 2 or 9 → Inst_3***
A4255	What concerns or problems did you or <NAME> have? *Prompt:* Was there anything else? *Multiple answers allowed.*	1. Did not think adult was sick enough to need health care..... 2. No one available to accompany..... 3. Too much time from caregiver's duties.. 4. Someone else *(specify)* had to decide... 5. Too far to travel ..... 6. No transportation available..... 7. Cost (transport, health care, other)..... 8. Not satisfied with available health care.. 9. Problem required traditional care..... 10. Thought s/he was too sick to travel..... 11. Thought s/he will die no matter what ... 12. Was late at night (transportation or provider not available) ..... 13. Other *(specify)*..... 99. Don't know	1. ☐ 2. ☐ 3. ☐ 4. ☐ _____ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐ 13. ☐ _____ 99. ☐
Inst3: If <u>A4251</u> = 2 (No care given or sought) or If A4252 ≠ "Health provider" (<u>Never</u> <u>took</u> to a health provider) → A4351.			
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 and last health providers where care was sought for the fatal illness. Ask all the questions for the First Health Provider before going on to the Last Health Provider.*

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.

Before asking about the last health provider, read:
Now I would like to ask you about <NAME>'s visit to the last health provider, I mean the <LAST HEALTH PROVIDER>.

– ILLNESS MATRIX QUESTIONS –		FIRST HEALTH PROVIDER	LAST HEALTH PROVIDER
What was the name of the <FIRST/LAST HEALTH PROVIDER> where <NAME went? *Probe to identify the type of provider or facility. 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 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: 7. Private hospital 8. Private doctor/clinic 9. Mobile clinic 10. Trained CHW, nurse or midwife (outside a health facility) 11. Other private medical sector 99. Don't know	A4257 ☐☐ _____ (Name of Provider/Facility)	A4266 ☐☐ _____ (Name of Provider/Facility)
For health care at a facility, ask: Did <NAME> reach the <FIRST/LAST HEALTH PROVIDER> before s/he died? *For health care outside a facility, ask:* Did the <FIRST/LAST 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 → A4284*** ***3, 9 → Inst_4***	A4267 ☐ ***2-9 → Inst_5***
After (deciding to seek care / being referred), how long did it take (to reach the <FIRST/LAST HEALTH PROVIDER> / for the <FIRST/LAST HEALTH PROVIDER> to reach <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*) **A4257 ≠ 1, 7 (Hospital) →A4261**	A4268 ___ ___ Hours (*DK = 99*) ___ ___ Minutes (*DK = 99*) **A4266 ≠ 1, 7 (Hospital) → A4270**
Did the <FIRST/LAST HEALTH PROVIDER> admit <NAME> to the hospital for his/her problem?	1. Yes 2. No 9. Don't know	A4260 ☐	A4269 ☐
Did the <FIRST/LAST HEALTH PROVIDER> refer <NAME> to another health provider or facility?	1. Yes 2. No 9. Don't know	A4261 ☐ ***2 or 9 → A4263***	A4270 ☐ ***2 or 9 → A4272***

To where was <NAME> referred? *Probe to identify the type of provider or facility. 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: 7. Private hospital 8. Private doctor/clinic 9. Mobile clinic 10. Trained CHW, nurse or midwife (outside a health facility) 11. Other private medical sector 99. Don't know	A4262 ☐☐ → **A4264** _____ (Name of Provider/Facility)	A4271 ☐☐ → **A4273** _____ (Name of Provider/Facility)
Did the <FIRST/LAST HEALTH PROVIDER> tell you or <NAME> about illness signs and symptoms for which... *Read the choices and mark "Yes," "No" or "Don't know" for each.*	1. <NAME> needs to return immediately?..... 2. To follow-up if <NAME> did not improve after leaving?.....	A4263 Yes No DK 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐	A4272 Yes No DK 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐
Did <NAME> leave the <FIRST/LAST HEALTH PROVIDER> alive?	1. Yes, left alive 2. No, died at this provider	A4264 ☐ ***1 → Inst_4*** ***2 → Inst_5***	A4273 ☐ ***1 → Inst_5*** ***2 → Inst_5***
Inst_4: Check A4252→ If taken to another health provider…		**→ A4266** ***(LAST PROVIDER)***	

Inst_5: If A4261 = 1 (referred) or A4270 = 1 (referred) → continue with A4274.
Otherwise → Inst_6

A4274	Did <NAME> go to (all) the health provider(s) where s/he was referred? *Read "all the health providers…" if the deceased was referred by both the first and last providers.*	1. Yes 2. No 9. Don't know	☐
A4275	***If <u>not</u> <u>taken</u> <u>to</u> <u>(all)</u> the referral provider(s), ask:*** Did you or <NAME> have any concerns or problems that kept him/her from going to a health provider where s/he was referred? ***If <u>taken</u> <u>to</u> <u>(all)</u> the referral provider(s), ask:*** Did you or <NAME> have to overcome any concerns or problems for him/her to go to a health provider where s/he was referred?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → Inst_6***

A4276	What concerns or problems did you or <NAME> have? *Prompt:* Was there anything else? *Multiple answers allowed.*	1. Provider didn't say referral so important . 2. Thought no more care needed..... 3. No one available to accompany..... 4. Too much time from caregiver's duties ... 5. Someone else *(specify)* decided..... 6. Too far to travel..... 7. No transportation available ..... 8. Cost (transport, health care, other)..... 9. Not satisfied with available care..... 10. Went to a different provider/facility 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 ..... 15. The child/adult died before going ..... 16. Other *(specify)*..... 99. Don't know	1. ☐ 2. ☐ 3. ☐ 4. ☐ _____ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐ 13. ☐ 14. ☐ 15. ☐ 16. ☐ _____ 99. ☐
Inst_6: If A4257, A4266, A4262 or A4271 = 1-4, 6-9 or 11 (seen at any health facility) → continue with A4277; Otherwise → A4283)			
A4277	Did you or <NAME> have to pay any money to travel to (the / any) health provider? *Read "…any health provider?" if the deceased went to more than one provider.*	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → A4279***
A4278	How did you or <NAME> arrange for the money to travel? *Multiple answers allowed. If "Don't know," mark only '9'.*	1. Had available ..... 2. Borrowed..... 3. Sold assets..... 4. Help from kin/relatives..... 5. Community fund ..... 6. Govt. scheme ..... 7. Other ..... 9. Don't know	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 9. ☐
A4279	What transportation method was used to go to the health provider(s)? *Multiple answers allowed. If "Don't know," mark only '9'.* *LOCAL ADAPTATION: The response categories should be disaggregated and locally adapted as necessary.*	1. Walk ..... 2. Bicycle/animal/cart/ boat ..... 3. Bus..... 4. Taxi/auto/trecker/motorcycle ..... 5. Ambulance ..... 6. Other ..... 7. Could not arrange transport ..... 9. Don't know	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 9. ☐
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	☐
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	☐
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	☐
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	☐

A4284	How many days after (first noticing the illness / <LAST ACTION A4252> / leaving the first/last health provider) did <NAME> die? *IfA4251 = 2 (No care given), then read: "…first noticing the illness…"*	___ ___ Days *(<1 = 00; DK = 99)*
Inst_7: If A4251 = 2 (No care given) or if A4252 ≠ "Health Provider" (Never took to a health provider) → A4351		

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)*
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 *(10133)*	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 *(10137)*	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)*	Did a health professional ever diagnose dementia?	3. Yes 4. No 9. Don't know 8. Refused to answer	☐
A4311_5 *(10140)*	During the final illness, did a health professional diagnose depression?	5. Yes 6. 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	☐
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? _____ _____ _____ _____		

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)*	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*** → **A4401**
A4364 *(10070)*	*Record the death registration number*		_____

SECTION 13: THE HOUSEHOLD

Inst_8: Read: Now I would like to ask you some questions about the deceased's household. Please remember that all information will be kept confidential.

Adult deaths: Always read "…<NAME>…" or "…the deceased…" and ask A4401– A4405 about the deceased's household.

A4401	Is this the house (where we are now) where <NAME> stayed during the his/her fatal illness? *Read "…where we are now…" if needed to clarify which house you are talking about.*	1. Yes 2. No 9. Don't know	☐ *1 → **A4404*** *9 → **A4454***
A4402	Where did <NAME> stay at that time? *Probe*: Where did <NAME> stay during the illness?	1. Her/His own home at that time (different from the current location) 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*** _____
A4403	What is the address of the place where <NAME> stayed? *LOCAL ADAPTATION: Levels 1 and 2 mean the largest and second largest geographic divisions in the country.*	Province _____ District _____	☐☐☐ ☐☐☐
A4404	At the time of the illness events, how long had (<NAME> / <NAME>'s <RELATIVES'> been living continuously in (this / that) community? Read "…<RELATIVES>…" if A4402 = 2-5 (s/he stayed with her/his relatives).		__ __ Years *(<1 = 00; DK =99)*
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.		__ __ Hours *(DK = 99)* __ __ Minutes *(DK = 99)*

SECTION 14: SOCIAL CAPITAL AND HIV/AIDS QUESTIONS (FOR STILLBIRTHS, NEONATAL, CHILD AND ADULT DEATHS)

Read: Now, I have some questions about (<NAME>'s / <NAME>'s <RELATIVES'>) community.

Always read "…<NAME>'s…" or "…<NAME>'s <RELATIVES'>…" and ask A4451 – A4453 about the deceased and her/his community or her/his relatives' community.

Ask about the relatives' community if the deceased stayed with her/his relatives during the illness.

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; then enter the code.*	1. Education/schools 2. Health services/clinics 3. Paid job opportunities 4. Credit/finance 5. Roads 6. Public transportation 7. Water distribution 8. Sanitation services 9. Agriculture 10. Justice/conflict resolution 11. Security/police services 12. Mosque/church/temple 13. Other *(specify)*	Yes No DK 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ _____
		Code: 1. One or more issues identified 2. No issue identified	☐
A4452	In the 12 months before <NAME>'s death, was <NAME> an active participant in any of the following types of groups in the community? *Read all the groups and mark "Yes," "No" or "Don't know" for each one; then enter the code.*	1. Vocational training group 2. Savings group or microcredit program 3. Community cooperative, such as an agricultural cooperative 4. Political group 5. Religious group 6. Sports club 7. Youth / student club 8. Women's group 9. Other *(specify)*	Yes No DK 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ _____
		Code: 1. One group identified 2. Two or more groups identified 3. No groups identified	☐
A4453	Did <NAME> turn to any of the following people or groups in the community for help during her/his illness? *Read all the options and mark ("X") Yes, No or DK for each; then enter the code.*	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)*	Yes No DK 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ _____
		Code: 1. One person/group identified 2. Two or more persons/groups identified 3. No person/group identified	☐

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 9. 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 9. 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 9. 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 9. Don't know 8. Refused to answer	☐

SECTION 15: OPEN ENDED RESPONSE & INTERVIEWER COMMENTS/OBSERVATIONS (FOR STILLBIRTHS, NEONATAL, CHILD AND 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 to correct any errors in what you wrote.

A4472 *(10479.3)*	Are any of the following words of interest mentioned in the above 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 ..... 99. DK.....	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

END OF INTERVIEW
THANK RESPONDENT FOR HER/HIS PARTICIPATION

Interviewer: Use this space to write down your comments and observations about the interview.