COMSA- VERBAL AND SOCIAL AUTOPSY QUESTIONNAIRE

SECTION 2: BACKGROUND

2.1 GENERAL DELIVERY CONTEXT (for 0-27 day olds)

N2001 *(10354)*	Was the child part of a multiple birth? *If two or more children are born at the same time, it is counted as a multiple birth, even if one or more of the babies are born dead.*	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *8, 2 or 9→ N2003*
N2002 *(10355)*	Was the child the first, second, or later in the birth order?	1. First 2. Second or later 9. Don't know 8. Refused to answer	☐
N2003 *(10356)*	Is the mother still alive? *If mother is present at the interview, select 'yes' without asking the question aloud.*	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *1 → N2006*
N2004 *(10357)*	Did the mother die before, during or after the delivery?	1. Before delivery 2. During delivery 3. After delivery 9. Don't know 8. Refused to answer	☐ *8, 1,2,or 9 →N2006*
N2005u *(10358_units)*	How long after the delivery did the mother die? *Select one unit only.*	1. Days 2. Weeks 3. Months 9. Don't know 8. Refused to answer	☐ *8 or 9 →N2006* *2 → N2005w* *3 → N2005m*
N2005d *(10359)*	How many days after the delivery did the mother die? *Enter 0-6 days. Less than 1 day or 24 hours = 0 days.*		__ __ Days → **N2006** *(DK = 99)*
N2005w *(10359_aa)*	How many weeks after the delivery did the mother die? *Enter 1-7 weeks.*		___ Weeks → **N2006** *(DK= 9)*
N2005m *(10358)*	How long after the delivery did the mother die? *Enter 2-60 months.*		__ __ Months *(DK = 99)*

N2006 *(10360)*	Where was the deceased born? *Read the question and slowly read the first 5 choices. Respondent should hear all choices and then respond.*	Home:
		  1. The mother's home
		  2. Other home
		Public sector:
		  3. Government hospital
		  4. Government clinic/health center
		  5. Government health post
		  6. Other public (specify)
		Private medical sector:
		  7. Private hospital
		  8. Private clinic
		  9. Private maternity home
		  10. Other private medical (specify) ....
		
		11. On route to a health provider or facility
		12. Other (specify) ....
		99. Don't know
		88. Refused to answer
			☐☐
			
			_____
			
			_____

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N2008	Who delivered the baby?
	
	Read "...at the facility..." if she delivered at a health gfacility.
		Health professional:
		  1. Doctor
		  2. Nurse / Midwife
		  3. Auxiliary midwife
		Other person:
		  4. Traditional birth attendant
		  5. Community health worker
		  6. Relative / Friend
		  7. Other (specify) ....
		8. No one
		9. Don't know
			☐
			
			_____

N2009_1 *(10362)*	At birth, was the baby of usual size? *Show photos, explain to the respondent that even if the answer is "no" some more questions will be asked, just to make sure no important detail has been missed.*	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *1→N2010*
N2009_2 *(10363)*	At birth, was the baby smaller than usual, (weighing under 2.5 kg)? *Show photos if available.*	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *1→ N2010*
N2009_3 *(10364)*	At birth, was the baby very much smaller than usual, (weighing under 1 kg)? *Show photos if available.*	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *1→ N2010*
N2009_4 *(10365)*	At birth, was the baby larger than usual, (weighing over 4.5 kg)? *Show photos if available.*	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2010 *(10366)*	What was the weight of the deceased at birth? *Ask if the child health card is available. If the card is available and the birth weight is recorded, enter the birth weight from the card. If the card is not available, record the weight based on the respondent's report if known. Record the weight in grammes in 4 digits. Respondents may give the answer in kilograms. For the data entry, convert to grammes. 1 kilogram=1,000 grammes. Enter "9999" for "don't know." Enter "8888" for "refuse."*	__ __ __ __ Grams *(DK = 9999)* *8888 or 9999→ N2012*
N2011	*Record the source of the birth weight information.*	1. Child's health card 2. Respondent's recall (no health card was available or seen)	☐

2.2 STILLBIRTH / NEONATAL DEATH DETERMINATION (for 0-27 day olds)

N2012 *(10114)*	Was the child born alive or dead?	1. Alive 2. Dead 9. Don't know 8. Refused to answer	☐
N2013 *(10104)*	Did the baby ever cry?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2014 *(10109)*	Did the baby ever move?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐

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Village/Cluster   HH   DeathID

N2015 (10110)	Did the baby ever breathe?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2016	*Refer to N2012-N2015. If "Dead" & no crying, movement or breathing, mark "Stillbirth." If "Alive" & N2013-N2015= "No," or if "Dead" and N2013-N2014 or N2015= "Yes," then discuss & correct.*	1. Stillbirth 2. Live birth	☐ **2 → N2023**

2.3 GENERAL SIGNS AND SYMPTOMS FOR STILLBIRTHS

N2017 (10376)	Was the baby moving in the last few days before the birth?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2018 (10377)	Did the baby stop moving in the womb before labor started?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ **2, 8, 9 → N2020**
N2019u (10379 _unit)	How long before labor did you/the mother last feel the baby move? *Enter hours if 0-23 hours or days if 1-60 days.*	1. Hours 2. Days 9. Don't know 8. Refused to answer	☐ **2, 8, 9 → N2019d**
N2019h (10380)	[Enter how long before labor (you / the mother) last felt the baby move, in hours]: Less than 1 hour = '00' hours.	__ __ Hours before labor *(DK = 99)* → N2020
N2019d (10379)	[Enter how long before labor did (you / the mother) last felt the baby move, in days]: 1 week = 7 days	__ __ Days before labor *(DK = 99)*
N2020 (10115)	Were there any bruises or signs of injury on the baby's body at birth?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2021 (10116)	Was the baby 's body soft, pulpy and discoloured and the skin peeling away? *Macerated means the body was pulpy. This indicates that the baby has been dead inside the mother for some time.*	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2022 (10370)	Was any part of the baby physically abnormal at the time of delivery? (for example: body part too large or too small, additional growth on body)	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ **8, 2 or 9 → N2051**
N2022_1 (10371)	Did the baby/ child have a swelling or defect on the back at time of birth?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2022_2 (10372)	Did the baby/ child have a very large head at time of birth?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ **1 → N2051**

N2022_3 (10373)	Did the baby/ child have a very small head at time of birth?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐

Inst_1: STOP. After completing N2022_3 → N2051 (Maternal history)

2.4 BACKGROUNDAND FATAL ILLNESS DURATION (FOR NEONATAL DEATHS)

N2023 (10017)	What was the first or given name(s) of the deceased? *Ask this only if the name is not already known (from Q1202).*		
N2024 (10351)	How old in days was the baby when the illness started? *If less than 24 hours, record "00" days. 1 week = 7 days.*		___ ___ Days *(DK = 99)*
N2024_1 (10408)	Before the illness that led to death, was (the baby / the child) growing normally?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2025u (10120_ unit)	For how long was (s)he ill before death?	1. Days 9. Don't know 8. Refused to answer	☐
N2025d (10120_ 1)	Days: <u>Neonates</u>: Record only days—if less than 24 hours, record "00" days.		___ ___ Days if > 00 → N2051 *(DK = 99)*
N2026 (10123)	Did (s)he die suddenly? *("Suddenly" means within 24 hours of being in regular health.)*	1. Yes 2. No 9. Don't know 8. Refused to answer	☐

SECTION 3: MATERNAL HISTORY (FOR STILLBIRTHS AND NEONATAL DEATHS)

Read: Now, I would like to ask you some questions about (your / the mother's) health and (your / her) pregnancy with <NAME>.

Here and in the following questions, read "…the mother…," "…her…" and "…she…" if the mother is not the respondent.

N2051 (10394)	How many births, including stillbirths, did (you / the baby's mother) have before this baby? *For don't know, enter "99." For refused, enter "88."*		___ ___ Births *(DK = 99)*
N2052	<u>During</u> the pregnancy, did (you / the mother) see anyone for antenatal care?	1. Yes 2. No 9. Don't know	☐ *2 or 9 → N2058*
N2053	Whom did (you / she) see? *Probe*: Anyone else? *Multiple answers allowed, Probe, and record all persons seen.*	Health professional: 1. Doctor .... 2. Nurse / Midwife .... 3. Auxiliary midwife .... Other person: 4. Traditional birth attendant .... 5. Community health worker .... 6. Other (specify).................................. 9. Don't know..	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ _____ 9. ☐
N2054	How many times did (you / the mother) receive antenatal care during this pregnancy?		___ ___ Times *(DK = 99)*

N2055	During which month of the pregnancy did (you / the mother) first receive antenatal care?	___ ___ Month *(DK = 99)*
N2056	During which month of the pregnancy did (you / the mother) last receive antenatal care?	___ ___ Month *(DK = 99)*

N2057	As part of (your / the mother's) antenatal care during this pregnancy, were any of the following done at least once: *Read out all options and check "Yes," "No" or "Don't know" for each.* *LOCAL ADAPTATION: Additional high energy and high protein foods to mention If the respondent asks*	1. Was your blood pressure measured? .... 2. Did you give a urine sample?................ 3. Did you give a blood sample?............... 4. Did the provider tell (you / her) to eat more high energy foods like <HIGH ENERGY FOODS> and high protein foods like <HIGH PROTEIN FOODS> than when not pregnant? .... 5. Did the provider tell (you / her) about the danger signs during pregnancy?..... 6. Did the provider tell (you / her) where to go if (you / she) had any danger signs?	Yes No DK 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐

N2058	Please tell me the danger signs during pregnancy or labor and delivery that you should seek care for immediately. *Probe: Tell me as many of the danger signs as you can.* *Probe: Can you tell me any others?* *Check each danger sign mentioned.*	1. Vaginal bleeding .... 2. Convulsions/fits....................................... 3. Severe headache with blurred vision ..... 4. Fever and too weak to get out of bed..... 5. Severe abdominal pain .... 6. Fast or difficult breathing....................... 7. Painful contractions every 20 minutes or less for 12 hours or more .... 8. Broken water for 12 hours or more .... 9. Bloody, sticky discharge 12 hrs or more 10.No immediate danger sign mentioned ...	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ → ___ no. mentioned 7. ☐ 8. ☐ 9. ☐ 10. ☐

N2059 *(10391)*	During this pregnancy, (were you / was the mother) given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	1. Yes 2. No 9. Don't know	☐ *2 or 9 → N2061*

N2060 *(10392)*	During this pregnancy, how many times did (you / she) get this injection?		___ Times *(DK = 9)*

N2061 *(10393)*	At any time before this pregnancy, did (you / the mother) receive any tetanus injection, either to protect (your/her) self or another baby?	1. Yes 2. No 9. Don't know	☐ *2 or 9 → N2063*

N2062	Before this pregnancy, how many other times did (you / she) receive a tetanus injection? *If 7 or more times, record "7."*		___ Times *(DK = 9)*

Inst_2: If Q1102 ≠ "1. High" → N2066		

N2063	*Skip N2063-N2065 in areas wo/malaria.* During this pregnancy, did (you / the mother) sleep under an insecticide treated bed net?	1. Yes, usually or always 2. Yes, sometimes 3. Never 9. Don't know	☐

N2064	During this pregnancy, did (you / the mother) take any drug such as <FANSIDAR> to prevent (you / her) from getting malaria? *Show the respondent picture of MOH recommended drugs*	1. Yes 2. No 9. Don't know	☐ *2 or 9 → N2066*

N2065	During this pregnancy, how many times did (you / she) take this drug?		___ ___ Times (DK = 99)
N2066 (10347)	Was the baby born more than one month early?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2067 (10367)	How many months long was the pregnancy before the child was born? *For don't know, enter "99." For refused, enter "88."*		___ ___ Months (DK = 99)
N2068 (10382)	How many hours did the labor and delivery take? *Record "00" if less than 1 hour.*		___ ___ Hours (DK = 99)
N2069_1 (10387)	Was the delivery normal vaginal, without forceps or vacuum?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *1 → N2070*
N2069_2 (10388)	Was the delivery vaginal, with forceps or vacuum?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *1 → N2070*
N2069_3 (10389)	Was the delivery performed by C-section?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2070	During labor but before delivery, did (you / the mother) receive any kind of injection? *Read "…the mother…" if the mother is not the respondent.*	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2071	Did the water break before labor or during labor? *Note: Labor begins when contractions are no more than 20 minutes apart.*	1. Before 2. During 9. Don't know 8. Refused to answer	☐ *8, 2 or 9 → N2073*
N2072	How many hours before labor did the water break? *Record "24" if 1 day or more.*		___ ___ Hours (DK = 99)
N2073 (10383)	Was the baby born 24 hours or more after the water broke?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2074 (10385)	What was the color of the liquor when the water broke?	1. Green or brown 2. Clear (normal) 3. Other *(specify)* .... 9. Don't know 8. Refused to answer	☐ _____
N2075 (10384)	Was the liquor foul smelling?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
Inst_3: If N2006 = 99 (Delivery place not known) or *N2006 = 1, 2 (Home delivery) and N2008 = 9 (Delivery attendant not known) → N2080*			

N2076	Earlier, you told me that the baby was delivered at <DELIVERY PLACE>. Who decided that (this / a health provider or facility) was the right place to deliver the baby? *If she delivered with or was on route to a health provider or facility (N2006=3-11 or N2006=1-2 and N2008=1-3), read: "…a health provider or facility…"?* *Record the one main decision maker, or the mother and her husband/partner jointly (3).*	1. The woman, herself 2. Her husband/partner 3. The woman and her husband/partner jointly 4. The woman's mother 5. The woman's mother-in-law 6. Someone else (*specify*) 9. Don't know	☐ _____
N2077	*If she did not deliver or try to deliver with a health provider or facility (N2006=12 or N2006=1-2 and N2008≠1-3), ask:* Did (you / the mother) have any concerns or problems that kept (you / her) from delivering with a health provider or facility? *If she delivered with or was on route to a health provider or facility (N2006=3-11 or N2006=1-2 and N2008=1-3) for the delivery, ask:* Did (you / the mother) have to overcome any concerns or problems to go to health provider or facility for the delivery?	1. Yes 2. No 9. Don't know	☐ **2 or 9 → N2080**
N2078	What concerns or problems did (you / she) have? *Prompt:* Was there anything else? *Multiple answers allowed.*	1. Did not think she was sick enough to need health care .... 2. No one available to go with her............. 3. Too much time from her regular duties . 4. Someone else had to decide (*specify*).. 5. Too far to travel................................... 6. No transportation available .... 7. Cost (transport, health care, other) .... 8. Not satisfied with available health care . 9. Symptom(s) required traditional care.... 10. Thought she was too sick to travel 11. Thought she will die despite care.......... 12. Was late at night (transportation or provider not available).......................... 13. Fears exposure to male health provider 14. Other (*specify*) .... 99. Don't know	1. ☐ 2. ☐ 3. ☐ 4. ☐ _____ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐ 13. ☐ 14. ☐ _____ 99. ☐

SECTION 4: MATERNAL SYMPTOMS & CARESEEKING (FOR STILLBIRTHS AND NEONATAL DEATHS)

N2080 *(10396a 10397 10398a 10399a 10400a 10401 10402a)*	Now I'd like to ask you about any symptoms (you / the mother) might have had during the late part of the pregnancy. Were the last 3 months of the pregnancy complicated by any of the following symptoms that started before labor? *Inform the respondent that labor starts when there are painful contractions every 20 minutes or less. Then read each symptom and mark "Yes," "No" or "Don't know" for each.* *Read "…the mother…" if the mother is not the respondent.*	Did (you / the mother) have: 1. Convulsions? .... 2. High blood pressure?........................... 3. Severe anemia or pallor and shortness of breath?........................... 4. Diabetes mellitus?............................ 5. Severe headache?.............................. 6. Blurred vision? .... (Were you / Was she): 7. Too weak to get out of bed? .... Did (you / the mother) have: 8. Severe abdominal pain? (before labor, not labor pain).................... 9. Fast or difficult breathing?.................... 10. Puffy face?..................................... 11. Any vaginal bleeding before labor?....... 12. Fever? .... 13. Foul smelling vaginal discharge?.......... Was the: 14. Water broke 6 hours or more before labor.. Did (you / the mother) have: 15. Any other symptom?............................ (specify the other symptom) .... 16. No symptoms before labor....................	Yes No DK REF 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. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ _____ ☐ → N2088
N2081	Did (you / the mother) seek care from any person or health facility for (any of) the pregnancy symptom(s) that started before labor? *Read "…for any of…" if she had more than one pregnancy symptom.*	1. Yes 2. No 9. Don't know	☐ **2 → N2085** **9 → Inst_4**
N2082	Where did (you / she) seek this care? *Prompt:* Was there anywhere else? *Probe to identify the type of provider or facility. If the woman was seen by a trained community nurse or midwife at a health facility, then mark the type of facility(ies) (1-3) where the provider was seen. Use option 4 only if the provider was seen outside of a health facility.* *Multiple answers allowed.*	Health professional: 1. Hospital................................ 2. NGO or government clinic .... 3. Private doctor/clinic........................... 4. Trained community nurse or midwife (outside of a health facility) .... Other person: 5. TBA/village doctor/quack/other non-formal or traditional provider .... 6. Relative, neighbor, friend .... 7. Other *(specify)* .... (_____) 9. Don't know..	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ *Only 5-7* → N2085 7. ☐ 9. ☐ → N2088
N2083	*If more than one symptom started before labor and she sought care from a health provider (N2082= 1-4), ask:* Was there any particular symptom or symptoms that started before labor, for which (you / the mother) went to the (first) health provider? *Read "…the first health provider?" if she went to more than one provider.*	1. Yes 2. No 9. Don't know	☐ **2 or 9 → N2085**

N2084	For which symptom(s) did (you / she) go?	1. Convulsions .... ☐ 2. High blood pressure .... ☐ 3. Severe anemia or (pallor and SOB)... ☐ 4. Diabetes .... ☐ 5. Severe headache .... ☐ 6. Blurred vision.................................... ☐ 7. Too weak to get out of bed .... ☐ 8. Severe abdominal (not labor) pain..... ☐	9. Fast or difficult breathing........ ☐ 10. Puffy face .... ☐ 11. Any bleeding before labor ...... ☐ 12. Fever..................................... ☐ 13. Smelly vaginal discharge .... ☐ 14. Water broke ≥6 hrs bfr. labor . ☐ 15. Other (specified in N2080) ..... ☐
N2085	*If she <u>never</u> went to a health provider (N2081= 2 <u>or</u> N2082 = only 5-7) for any of the pregnancy symptoms, ask:* Did (you / the mother) have any concerns or problems that kept (you / her) from going to a health provider or facility for the problem(s) that started <u>before</u> labor? *If she <u>went</u> to health provider (N2082= 1-4) for any pregnancy symptom(s), ask:* Did (you / the mother) have to overcome any concerns or problems to go to a health provider or facility for the symptom(s) that started <u>before</u> labor?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → Inst_4***
N2086	What concerns or problems did (you / she) have? *Prompt:* Was there anything else? *Multiple answers allowed.*	1. Did not think was sick enough to need health care.. 2. No one available to go with her .... 3. Too much time from her regular 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. Symptom(s) required traditional care.... 10. Thought she was too sick to travel .... 11. Thought she will die despite care .... 12. Fears exposure to male health provider 13. Other *(specify)* .... 99. Don't know..	1. ☐ 2. ☐ 3. ☐ 4. ☐ _____ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐ 13. ☐ _____ 99. ☐
	Inst_4: If N2081 = 2, 9 <u>or</u> N2082 = 5-7 (<u>Never</u> went to a health provider for any pregnancy symptoms) → N2088		
N2087	(Were you / Was the mother) admitted to hospital for (any of) the symptom(s) that started <u>before</u> labor?	1. Yes 2. No 9. Don't know	☐

N2088 *(10395* *10396b* *10397* *10399b* *10400b* *10401* *10402b* *10403* *10404* *10405)*	Now I'd like to ask you about any symptoms (you / the mother) might have had <u>during</u> labor or delivery. Did (you / the mother) have any of the following symptoms <u>during</u> labor or delivery? *Read "…the mother…" if the mother is not the respondent.* *Remind the respondent that labor starts when there are painful contractions every 20 minutes or less. Read each symptom and mark "Yes," "No" or "Don't know" for each.* *Do not include any symptoms here that started after the baby was delivered.*	Did (you / the mother) have: 1. Convulsions? .... 2. High blood pressure?........................... 3. Severe anemia or pallor <u>and</u> shortness of breath?.. 4. Severe headache?........................... 5. Blurred vision? .... (Were you / Was she): 6. Too weak to get out of bed? .... Did (you / the mother) have: 7. Severe abdominal pain? (not labor pain, between contractions) .... 8. Fast or difficult breathing?.................... 9. Puffy face?.. 10. Excessive bleeding during labor or delivery .... 11. Fever? .... 12. Foul smelling vaginal discharge?.......... 13. Early/preterm labor (before 9 months) .. 14. Labor that lasted 12 hours or more....... Was the: 15. Baby's bottom, feet, arm or hand delivered before its head?.................... 16. The umbilical cord delivered first?......... 17. The umbilical cord wrapped more than once around the neck of the child at birth?... Did (you / the mother) have: 18. Any other symptom?............................. *(specify the other symptom)* .... 19. No symptoms during labor/delivery.......	Yes No DK REF 1. ☐ 2. ☐ 9. ☐ 8. ☐ 1. ☐ 2. ☐ 9. ☐ 8. ☐ 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. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ _____ ☐ → **N2107**
N2089	Where (were you / was the mother) when (this / the first) symptom began? *Read "…the first…" if she had more than one labor or delivery symptom.* *Choice 3 includes at home with a trained community nurse or midwife who was attending the normal labor.*	1. Home (<u>without</u> a trained community nurse or midwife) 2. On route to a health provider or facility 3. At home <u>with</u> a trained community nurse or midwife who came to attend her normal labor, <u>or</u> at the health provider or facility where she went for normal labor 4. Other *(specify)* .... 9. Don't know	☐ *3 → N2093* _____
N2090	Did (you / she) <u>ever</u> <u>receive</u> or <u>seek</u> any care or treatment for (any of) the labor or delivery symptom(s) including any <u>care</u> or <u>treatment</u> <u>at</u> <u>home</u>? *Read "…any of the symptoms" if she had more than one symptom.*	1. Yes 2. No 9. Don't know	☐ *2 or 9 → N2093*

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N2091	Where did (you / she) receive or seek this care or treatment?
	
	Prompt: Was there anywhere else?
	
	Probe to identify the types of providers or facilities. If the woman was seen by a trained community nurse or midwife at a health facility, then mark the type of facility(ies) (1-3) where the provider was seen. Use option 4 only if this provider was seen outside a health facility. Use options 5-7 for other persons that provided care outside a health facility.
	
	Multiple answers allowed.
		Health professional (<u>at</u> a health facility):
		  1. Hospital...
		  2. NGO or government clinic ....
		  3. Private doctor/clinic............................
		Health professional (<u>outside</u> a facility):
		  4. Trained community nurse or midwife (outside a health facility) ....
		Other person (outside a health facility):
		  5. TBA/village doctor/quack/other non-formal or traditional provider ....
		  6. Relative, neighbor, friend ....
		  7. Other *(specify)* ....
		
		(_____)
		
		9. Don't know...
			1. ☐
			2. ☐
			3. ☐
			
			4. ☐
			
			5. ☐
			6. ☐
			7. ☐
			
			Only 5-9 ***N2093***
			9. ☐

N2092	Who decided that seeing a health provider was the right thing to do? *Record the one main decision maker, or the mother and her husband/partner jointly (3).*	1. The woman, herself 2. Her husband/partner 3. The woman and her husband/partner jointly 4. The woman's mother 5. The woman's mother-in-law 6. Someone else *(specify)* .... 9. Don't know	☐ _____

N2093	*Refer to N2006 and N2008 to determine the delivery place and attendant. Discuss with respondent to confirm or correct the delivery place and attendant. Use option 3 or 4 if the woman delivered at home (N2006=1, 2) <u>with</u> a trained nurse or midwife (N2008=2, 3).*
	
	Discuss & resolve inconsistencies, for example, if N2090 = "No," but the mother delivered in a health facility.
		Home (<u>without</u> a trained nurse or midwife or a doctor):
		  1. Respondent's home
		  2. Other home
		Home (<u>with</u> a trained nurse or midwife or a doctor):
		  3. Respondent's home
		  4. Other home
		Public sector:
		  5. Government hospital
		  6. Government clinic/health center
		  7. Government health post
		  8. Other public sector (specify).................
		Private medical sector:
		  9. Private hospital
		  10. Private clinic
		  11. Private maternity home
		  12. Other private medical (specify)...........
		
		13. On route to a health provider or facility
		14. Other (specify) ....
		99. Don't know
			☐ ☐ 3-13 = Health provider
			
			_____
			
			_____
			
			_____

N2094	So, including where (you / the mother) <u>received</u> or <u>sought</u> <u>care</u> for the labor or delivery symptom(s) <u>and</u> for the delivery, how many health providers or facilities did (you / she) go to? *Include providers/facilities (1-4) in N2091 where care was sought for the labor or delivery symptoms. Also include the delivery place/attendant (3-13) in N2093. Be sure to include #13 in N2093 if the woman delivered on route to a health provider or facility. Do not double-count providers/facilities that are listed both in N2091 and N2093.*	__ __ Health providers/facilities

Inst_5: If N2090 = 2, 9 <u>and</u> N2093 = 1-2, 14, 99 (No health provider seen/sought for the symptoms/delivery) → N2107
Inst_6: If N2089 = 3 (Symptoms began at the health provider where she went for normal labor) → N2098
Inst_7: If N2088 = One Labour/Delivery symptom <u>OR</u> If N2090 = 2 or 9 (no care/treatment sought for symptoms) → N2097

N2095	Was there any particular symptom or symptoms for which (you / the mother) went to the (first) health provider? *Read "…the first health provider?" if she went to more than one provider.*	1. Yes 2. No 9. Don't know	☐ *8, 2 or 9 → N2097*
N2096	For which symptom(s) did (you / she) go?	1. Convulsions .... ☐ 2. High blood pressure .... ☐ 3. Severe anemia or (pallor <u>and</u> SOB)... ☐ 4. Severe headache .... ☐ 5. Blurred vision.................................... ☐ 6. Too weak to get out of bed .... ☐ 7. Severe abdominal (not labor) pain..... ☐ 8. Fast or difficult breathing .... ☐ 9. Puffy face... ☐ 10. Excess bleed during L or D............... ☐	11. Fever....................................... ☐ 12. Smelly vaginal discharge .... ☐ 13. Early/preterm labor (<9 mnth) ☐ 14. Labor for 12 hours or more..... ☐ 15. Part other than baby's head coming out first .... ☐ 16. Cord delivered first .... ☐ 17. Cord around child's neck more than once............................. ☐ 18. Other *(specified in N2088)* ..... ☐
N2097	How long after the labor or delivery symptom(s) began was it decided to go to the (first) health provider? *Read "…to the first…" if she went 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 for labor and delivery symptoms: Ask the following questions for the last health provider where she received or sought care for the labor or delivery symptoms. If she delivered or tried to deliver with a health provider or facility, then that provider/facility is the last one. This could be a trained community nurse or midwife at the woman's home or a public or private health provider or facility.

Include any provider or health faclity she was on route to but did not reach before delivering.

Read: Now I would like to ask about (your / the mother's) visit to the last health provider where (you / she) went for care of the labor or delivery symptoms.

| N2098 | *If she delivered at or was on the way to deliver at a health provider or facility (N2006=3-11 or N2006=1-2 and N2008=1-3), read:* Earlier you said that (you / the mother) delivered at <DELIVERY PLACE>. *(Confirm N2006 delivery place and N2008 birth attendant if at home.)*

If she did not deliver at and was not on the way to deliver at a health provider or facility (N2006=12 or N2006=1-2 and N2008≠1-3), read: What was the last health provider or facility where (you / the mother) sought care for the labor or delivery symptom(s)?

Probe to identify the type of provider or facility. If the woman was seen by a trained community nurse or midwife at a health facility, then mark the type of facility where the provider was seen. | Home:
1. Her own home with a doctor, nurse, midwife or auxiliary midwife
2. Another home with a doctor, nurse, midwife or auxiliary midwife
Public sector:
3. Government hospital
4. Government clinic/health center
5. Government health post
6. Other public (specify)
Private medical sector:
7. Private hospital
8. Private clinic
9. Private maternity home
10. Other private medical (specify)............

11. On route to a health provider or facility
12. Other (specify).....................................
99. Don't know | ☐☐ *1 or 2 → N2102*

_____

_____ |
| N2099 | Did (you / the mother) have to pay any money to travel to this provider? | 1. Yes
2. No
9. Don't know | ☐ *2 or 9 → N2101* |

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N2100	How did (you / the mother) arrange for the money to travel? *Multiple answers allowed.*	1. Had available .... 2. Borrowed.. 3. Sold assets.. 4. Help from kin/relatives.......................... 5. Community fund .... 6. Government scheme............................ 7. Other .... 9. Don't know	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 9. ☐
N2101	What transportation method was used to go there? *Multiple answers allowed.* *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. ☐
N2102	*For health care at a facility, ask:* Did (you / the mother) reach the <HEALTH PROVIDER> before delivering the baby? *For health care outside a facility, ask:* Did the <HEALTH PROVIDER> reach (you / the mother) before the baby was delivered? Fill the <HEALTH PROVIDER> brackets with the response to N2098. *If "No," discuss with respondent to reach correct response: 2 or 3.*	1. Yes, reached before delivering 2. No, delivered on route to the last provider / before the last provider reached the mother 3. No, could not reach the last provider, so returned home and delivered without a health provider 9. Don't know	☐ *2-9 → N2107*
N2103	After deciding to seek care for (the labor or delivery symptoms / the delivery), how long did it take ((you / the mother) to reach the <LAST HEALTH PROVIDER> / for the <LAST HEALTH PROVIDER> to reach (you / the mother))? *Read "…for the provider to reach (you / the mother)" if the provider saw the woman at home or another location outside of a health facility.* *Mark hours &/or minutes as needed: e.g. 05 hours, 30 minutes.*		__ __ Hours *(DK = 99)* __ __ Minutes *(DK = 99)* *N2098 ≠ 3, 7 → N2105*
N2104	(Were you / Was the mother) admitted to the hospital?	1. Yes 2. No 9. Don't know	☐
N2105	Did the <LAST HEALTH PROVIDER> refer (you / the mother) to another health provider or facility?	1. Yes 2. No 9. Don't know	☐
N2106	Was the baby delivered by the <LAST HEALTH PROVIDER>?	1. Yes 2. No 9. Don't know	☐
N2107 (10398a)	Now, I'd like to ask about symptoms after the delivery of the baby. Did (you / the mother) have any of the following symptoms that started within 6 weeks <u>after</u> the delivery? *Read each symptom and mark "Yes," "No" or "Don't know" for each.* *Read "…the mother…" if the mother is not the respondent.*	Did (you / the mother) have: 1. Convulsions?....................................... 2. Heavy bleeding?.................................. 3. (Fever with smelly vaginal discharge) or (fever with abdominal pain)?.................	Yes No DK REF 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐
*Inst_8: STOP – If N2016 = 1 (Stillbirth) → N2271*		

SECTION 5: CARE OF THE NEWBORN AND SIGNS AND SYMPTOMS ASSOCIATED WITH THE FATAL ILLNESS (FOR NEONATAL DEATHS)

Read: Now I would like to ask you about the care of the newborn child.

Inst_9: Refer to N2006 (to determine the delivery place. If N2006 = 3-10 (Facility delivery) → N2112

N2110	What tool was used for cutting the cord?	1. New/from delivery kit/boiled razor blade 2. Old razor blade 3. Scissors 4. Other *(specify)*...................................... 9. Don't know	☐ _____
N2111	What material was used for tying the cord?	1. Clean/from delivery kit/boiled piece of thread 2. Unclean piece of thread 3. Cord clamp 4. Other *(specify)*...................................... 9. Don't know	☐ _____
N2112	Was anything applied to the umbilical cord stump after birth?	1. Yes 2. No 9. Don't know	☐ *8, 2 or 9 → N2114*
N2113	What was it? *Multiple answers allowed.*	1. Alcohol/other antiseptic......................... 2. Antibiotic ointment/cream/powder......... 3. Castor oil, mustard oil or shea butter.... 4. Animal dung or dirt/mud/ash................. 5. Other *(specify)* .... 9. Don't know..	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ _____ 9. ☐
N2114 *(10115)*	Were there any bruises or signs of injury on the baby's body at birth?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2115 *(10370)*	Was any part of the baby physically abnormal at the time of delivery? (for example: body part too large or too small, additional growth on body)	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *8, 2 or 9 → N2117*
N2116_1 *(10371)*	Did the baby/ child have a swelling or defect on the back at time of birth?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2116_2 *(10371)*	Did the baby/ child have a very large head at time of birth?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *1 → N2117*
N2116_3 *(10371)*	Did the baby/ child have a very small head at time of birth?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2117 *(10406)*	Was the baby blue in color at birth?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2118 *(10111)*	Did the baby breathe immediately after birth, even a little?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *2 → N2120*

N2119 *(10112)*	Did the baby have difficulty breathing?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2120 *(10113)*	Was anything done to try to help the baby breathe at birth?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2121 *(10105)*	Did the baby cry immediately after birth, even if only a little bit?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ **1 → N2123**
N2122 *(10106)*	How many minutes after birth did the baby first cry? *If the baby never cried, use code "98" and cross-check with N2013 (Did the baby ever cry?) in the stillbirth determination section. If N2013 = Yes, then discuss this with the respondent to reconcile. If N2013 should be "No," then this may have been a stillbirth and you must redo the stillbirth determination section.*		__ __ Minutes if 98 →N2125 *(RA = 88, DK = 99, Never cried = 98)*
N2123 *(10107)*	Did the baby stop being able to cry?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ **8, 2 or 9 → N2125**
N2124 *(10108)*	How many hours before death did the baby stop crying? *Less than 60 minutes = "00" hours.*		__ __ Hours *(RA = 88, DK = 99)*
N2125	*For babies delivered preterm (N2066=1 or N2067<9 months) in a health facility (N2006=3-10), ask:* Was the baby put in an incubator after the birth?	1. Yes 2. No 9. Don't know	☐
N2126	After the birth, was the baby put directly on the bare skin of (your / the mother's) chest? *Show the woman a picture of skin-to-skin position.*	1. Yes 2. No 9. Don't know	☐ **2 or 9 → N2131**
N2127	How long after the birth was the baby put on the bare skin of (your / the mother's) chest? *If 1-23 hours, record number of hours.*	1. Immediately .... 2. Less than 1 hour .... 3. 1 hour or more .... 4. Don't know...	☐ ☐ Hours .... __ __ ☐
N2128	Before being placed on the bare skin of (your / the mother's) chest, was the baby wrapped up?	1. Yes 2. No 9. Don't know	☐
Inst_10: If the delivery was not preterm (N2066≠1 and N2067=9,10) or not in a health facility (N2006=1, 2, 11, 12, 99) → N2131			
N2129	*For babies delivered preterm (N2066=1 or N2067<9 months) in a health facility (N2006=3-10), ask:* For how many hours each day was the baby directly on the bare skin of (your / the mother's) chest? *If less than 1 hour, record "00."*		__ __ Hours *(DK = 99)*
N2130	*For babies delivered preterm (N2066=1 or N2067<9 months) in a health facility (N2006=3-10), ask:* For how many days was the baby put directly on the bare skin of (your / the mother's) chest? *If less than 1 day, record "00."*		__ __ Days *(DK = 99)*

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N2131	How long after birth was the baby first bathed?	1. 1-6 hours 2. 7-23 hours 3. 24 hours or more 4. Not bathed before death 9. Don't know	☐
N2132	Did (you / the mother) or a wet nurse ever breastfeed the baby?	1. Yes 2. No 9. Don't know	☐ **8, 2 or 9 → N2135**
N2133	How long after birth was the baby first put to the breast? *If 1-23 hours, record number of hours.* *If 1 day or more, record number of days.*	1. Immediately .... 2. Less than 1 hour..................................... 3. 1 hour or more .... 4. 1 day or more .... 5. Don't know...	☐ ☐ Hours .... __ __ Days...................................... __ __ ☐
N2134	On the day before the fatal illness began, was the baby being breastfed?	1. Yes 2. No 9. Don't know	☐
N2135	On the day before the illness began, was the baby given any…? *Read all options and record "Yes," "No" or "Don't know" for each.*	1. Milk (other than breast milk) .... 2. Plain water.. 3. Sugar or glucose water......................... 4. Gripe water... 5. Sugar-salt-water solution..................... 6. Fruit juice... 7. Infant formula .... 8. Tea / Infusions.................................... 9. Honey.. 10. Semisolid or soft foods such as yogurt, cereal or mashed vegetables .... 11. Any other liquid or semisolid or soft food .... *(Specify other liquid, semisolid, soft food)* .	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. ☐ _____
N2136 *(10271)*	Was the baby able to suckle or bottle-feed in a normal way during the first day of life?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ **1 → N2138**
N2137 *(10272)*	Did the baby ever suckle in a normal way?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ **8, 2 or 9 → N2141**
N2138 *(10273)*	Did the baby stop being able to suckle in a normal way?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ **8, 2 or 9 → N2141**
N2139 *(10274)*	How many days after birth did the baby stop suckling? *Less than 24 hours = "00" days.*		__ __ Days *(DK = 99)*
N2140	Was the baby able to open her/his mouth at the time s/he stopped suckling?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2141 *(10219)*	During the illness that led to death, did the baby have spasms or convulsions?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ **8, 2 or 9 → N2144**

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N2142 *(10275)*	Did the baby have convulsions in the first 24 hours of life?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *1 → N2144*
N2143 *(10276)*	Did the baby have convulsions starting more than 24 hours after birth? *If both N2142 and N2143 = "No," discuss and reconcile this with the respondent.*	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2144 *(10277)*	Did the baby's body become stiff, with the head arched backwards?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2145 *(10281)*	During the illness that led to death, did the baby become unresponsive or unconscious?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *8, 2 or 9 → N2149*
N2146 *(10282)*	Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *1 → N2148*
N2147 *(10283)*	Did the baby become unresponsive or unconscious more than 24 hours after birth? *If both N2146 and N2147= "No," discuss and reconcile this with the respondent.*	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2148	Was s/he unconscious for more than 24 hours before death?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2149 *(10286)*	During the illness that led to death, did the baby become lethargic, after a period of normal activity?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2150 *(10287)*	During the illness that led to death, did the baby have pus drainage from the umbilical cord stump?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2151 *(10287)*	During the illness that led to death, did the baby have redness of the umbilical cord stump?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *8, 2 or 9 → N2153*
N2152	Did the redness of the umbilical cord stump extend onto the abdominal skin?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2153	During the illness that led to death, did the baby have skin bumps containing pus or a single large area with pus?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2154 *(10288)*	During the illness that led to death, did the baby have skin ulcer(s) (pit(s))?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐

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N2155 (10147)	During the illness that led to death, did the baby have fever?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *8, 2 or 9 → N2159*
N2156	At what age did the fever start? *Less than 24 hours = "00" days.*		__ __ Days *(DK = 99)*
N2157 (10148_a)	How many days did the fever last? *Less than 24 hours = "00" days.*		__ __ Days *(DK = 99)*
N2158 (10149)	Did the fever continue until death?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2159 (10284)	During the illness that led to death, did the baby become cold to touch?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *8, 2 or 9 → N2162*
N2160 (10285)	How many days old was the baby when s/he started feeling cold to touch? *Less than 24 hours = "00" days.*		__ __ Days *(DK = 99)*
N2161	How many days did the baby feel cold to touch? *Less than 24 hours = "00" days.*		__ __ Days *(DK = 99)*
N2162 (10153)	Did the baby have a cough?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *8, 2 or 9 → N2165*
N2163 (10158)	Did s/he make a whooping sound when coughing?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2164	Did the child vomit after s/he coughed?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2165 (10159)	During the illness that led to death, did the baby have difficulty breathing?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *8, 2 or 9 → N2167*
N2166	At what age did the difficult breathing start? *Less than 24 hours = "00" days.*		__ __ Days *(DK = 99)*
N2166_1 (10161)	For how many days did the difficult breathing last? *Less than 24 hours = "00" days.*		__ __ Days *(DK = 99)*
N2167 (10166)	During the illness that led to death, did the baby have fast breathing?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *8, 2 or 9 → N2170*
N2168	At what age did the fast breathing start? *Less than 24 hours = "00" days.*		__ __ Days *(DK = 99)*
N2169 (10167)	For how many days did the fast breathing last? *Less than 24 hours = "00" days.*		__ __ Days *(DK = 99)*

N2170 (10168)	During the illness that led to death, did the baby have breathlessness?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *8, 2 or 9 → N2172*
N2171 (10169)	For how many days did the breathlessness last? *Less than 24 hours = "00" days.*		__ __ Days *(DK = 99)*
N2172 (10172)	During the illness that led to death, did you see the lower chest wall/ribs being pulled in as the baby breathed? *Show photo.*	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2173 (10173_nc0)	During the illness that led to death, did her/his breathing sound like any of the following? *Demonstrate each sound.*		
N2174 (10173_nc1)	Stridor	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2175 (10173_nc2)	Grunting	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2176 (10173_nc3)	Wheezing	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2177a (10278)	Did <NAME> have a bulging or raised fontanelle during the illness that led to death? *Show photo.*	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2177 (10279)	Did s/he have a sunken fontanelle during the illness that led to death? *Show photo.*	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2178 (10289)	During the illness that led to death, did s/he have yellow skin, palms (hand) or soles (foot)?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2179	During the illness that led to death, did the baby have yellow discoloration of the eyes?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2180 (10233)	During the illness that led to death, did the baby have any skin rash?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2181 (10240)	During the illness that led to death, did the baby have an area(s) of skin with redness and swelling?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2182 (10239)	During the illness that led to death, did s/he have areas of the skin that turned black?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐

N2183 (10241)	During the illness that led to death, did the baby bleed from anywhere?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *8, 2 or 9 → N2185*
N2184	*Record from where the baby bled:*		
N2185 (10181)	During the illness that led to death, did s/he 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 → N2188*
N2186 (10183)	How many stools did the baby have on the day that loose liquid stools were most frequent?		___ ___ Stools *(DK = 99)*
N2187 (10184)	How many days before death did the frequent loose or liquid stools start?		___ ___ Days *(DK = 99)*
N2188 (10186)	At any time during the fatal illness was there blood in the stools?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2189 (10188)	During the illness that led to death, did the baby vomit everything?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2189a (10189)	Did s/he vomit in the week preceding death?	1. Yes 2. No 9. Don't know 8. Refused	☐

Injuries and Accidents

Read: Now, I'd like to ask you about any injuries or accidents that <NAME> may have suffered.

N2190 (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 → N2192*
N2190_1 (10079)	Was it a road traffic accident?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *8, 2 or 9→ N2190_4*
N2190_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	☐
N2190_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	☐ *→ N2190_20*

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N2190_4 *(10082)*	Was (s)he injured in a non-road transport accident?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2190_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	☐
N2190_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	☐
N2190_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	☐
N2190_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 → N2190_10*
N2190_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→ N2190_11*
N2190_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	☐
N2190_11 *(10089)*	Was (s)he injured by burns/fire?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2190_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	☐
N2190_13 *(10091)*	Was (s)he injured by a firearm?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2190_14 *(10092)*	Was (s)he stabbed, cut or pierced?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2190_15 *(10093)*	Was (s)he strangled?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐

N2190_16 (10094)	Was (s)he injured by a blunt force?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2190_17 (10095)	Was (s)he injured by a force of nature?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2190_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	☐
N2190_19 (10097)	Did (s)he encounter any other injury?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2190_20 (10098)	Was the injury accidental?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *1 → N2191*
N2190_21 (10099)	Was the injury self-inflicted?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *1 → N2191*
N2190_22 (10100)	Was the injury intentionally inflicted by someone else?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2191	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)

POSTNATAL CARE OF THE NEWBORN (FOR NEONATAL DEATHS)

Read: Now, I'd like to ask you about care the baby received soon after birth.

N2192	*Check N2006 to determine if the baby was born in a health facility (codes 3-10):*	1. Yes, born in a health facility 2. Not born in a health facility 9. Don't know	☐ *8, 2 or 9 → N2199*
N2193	Did the baby leave the delivery facility alive or did s/he die in the facility?	1. Yes, left alive 2. Died in the facility 9. Don't know	☐ *8, 2 or 9 → N2211*
N2194	How long after birth did the baby leave the facility? *Record hours if less than 24 hours—if less than 1 hour, record '00' hours; Record days if 1 day or more.*		__ __ Days (DK = 99) __ __ Hours (DK = 99)
N2195	Before leaving the facility, did anyone physically examine the baby, for example, check the temperature or check the cord?	1. Yes 2. No 9. Don't know	☐

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| N2196 | Prior to being discharged, did a health worker counsel (you / the mother) on breastfeeding the baby? | 1. Yes 2. No 9. Don't know | ☐ |
| N2197 | Prior to being discharged, (were you / was the mother) told about signs and symptoms for which the baby needs immediate care? | 1. Yes 2. No 9. Don't know | ☐ |

| N2198 | After discharge, before the fatal illness began, was the baby ever seen by a trained health worker or nurse at home or in the community, or by a doctor or nurse at a health facility?

Multiple answers allowed.

For each mentioned, ask:
How many times was the baby seen by a <PROVIDER TYPE at PLACE> before the fatal illness began?

Then ask:
How old was the baby when first seen by (this / any of these) provider(s)? | 1. Trained CHW or nurse at home/in the community ....

2. Doctor or nurse at a health facility ....
3. Never seen...
9. Don't know.. | Seen
1. ☐...

2. ☐...
3. ☐
9. ☐ | Times
.... ___ ___

.... ___ ___ | First visit

___ ___
Days old
*(<1 = 00;
DK = 99)* |

Inst_11 → N2211

N2199	After the birth, did the delivery attendant examine the baby, for example, check the temperature or check the cord?	1. Yes 2. No 9. Don't know	☐
N2200	After the birth of the baby, did the delivery attendant counsel (you / the mother) on breastfeeding the baby?	1. Yes 2. No 9. Don't know	☐
N2201	After the birth of the baby, did the delivery attendant tell (you / the mother) about signs and symptoms for which the baby needs immediate care?	1. Yes 2. No 9. Don't know	☐

| N2202 | In the days after delivery, before the fatal illness began, was the baby ever seen by a trained health worker or nurse at home or in the community, or by a doctor or nurse at a health facility?

Multiple answers allowed.

For each mentioned, ask:
How many times was the baby seen by a <PROVIDER TYPE at PLACE> before the fatal illness began?

Then ask:
How old was the baby when first seen by (this / any of these) provider(s)? | 1. Trained CHW or nurse at home/in the community ....

2. Doctor or nurse at a health facility ....
3. Never seen...
9. Don't know.. | Seen
1. ☐...

2. ☐...
3. ☐
9. ☐ | Times
.... ___ ___

.... ___ ___
___ | First visit

___ ___
Days old
*(<1 = 00;
DK = 99)* |

Village/Cluster   HH   DeathID

SECTION 10: CARE-SEEKING FOR THE FATAL ILLNESS (FOR NEONATAL DEATHS)

Read: Now, I'd like to ask you about <NAME>'s fatal illness and the care and treatments that s/he received.

N2211	When it was first noticed that <NAME> was ill, was s/he… *Read the choices for each condition.*	1. Feeding normally (normal), feeding poorly (Medium), or not feeding at all (abnormal)? .... 2. Normally active (normal)f, less active than normal (medium), or not moving (abnormal)?	Normal: 1. ☐ Medium: 2. ☐ Abnormal: 3. ☐ DK: 9. ☐ 1. ☐ 2. ☐ 3. ☐ 9. ☐
N2212	Did <NAME> receive, or did you give or <u>seek</u>, any care or treatment for the fatal illness?	1. Yes 2. No—care not needed, given or sought 9. Don't know	☐ 2 → **N2215** 9 → **N2248**
N2213	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.* *(2) Check <u>one</u> other care <u>or</u> health care provider box for each action row. Check 'Trained CHW, nurse or midwife' only if the provider was seen outside a facility. (2A) If the illness began at the provider where the child was delivered, then mark that as Action 1 and check the 'Illness began at provider' box.*		

(1) Action #	(2) Other care			(2) Health care providers						(4)
	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	(2A) Illness began at provider where child was delivered		What symptoms were present when the action was taken?
1.	☐	☐	☐	☐	☐	☐	☐	☐		
2.	☐	☐	☐	☐	☐	☐	☐			
3.	☐	☐	☐	☐	☐	☐	☐			
4.	☐	☐	☐	☐	☐	☐	☐			
5.	☐	☐	☐	☐	☐	☐	☐			
6.	☐	☐	☐	☐	☐	☐	☐			
7.	☐	☐	☐	☐	☐	☐	☐			
8.	☐	☐	☐	☐	☐	☐	☐			
9.	☐	☐	☐	☐	☐	☐	☐			

***Inst_12: If the illness began at the health provider where the child was delivered:*** ***A) and did not fill N2098 (If N2090 = 2, 9 and N2093 = 1-2, 14, 99 (No health provider seen/sought for the symptoms/delivery) → N2219;***   ***B) and filled N2098 (If N2090 = 1 and N2093 = 3-13 (Health provider) → N2223***
***Inst_13: If N2213 ≠ "Health care provider" (Never took to a health care provider) → N2215***
N2214	*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, or the mother and father jointly (3).*	1. Child's mother 2. Child's father 3. Child's mother and father, jointly 4. Child's maternal grandmother 5. Child's paternal grandmother 6. Someone else (*specify*) .... 9. Don't know	☐ _____
N2215	***If never taken to a health provider, ask:*** Did you have any concerns or problems that kept you from taking <NAME> to a health provider during the illness? ***If taken to a health provider, ask:*** Did you have to overcome any concerns or problems to take <NAME> to the (first) health provider?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → Inst_14a***
N2216	What concerns or problems did you have? *Prompt:* Was there anything else? *Multiple answers allowed.*	1. Did not think child/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. ☐
***Inst_14a: If N2212 = 2 (No care given or sought) → N2271  *** ***Inst_14b: If N2213 ≠ "Health provider" (Never took to a health provider) → N2247***
N2217	*Refer to N2230 for the first health provider and related symptoms:* You mentioned that you took <NAME> 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 <u>first</u> and <u>last</u> 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
At the time when it was decided to take <NAME> to the <FIRST/LAST HEALTH PROVIDER>, was s/he… *Read the choices and mark "Normal," "Moderate," "Severe" or "Don't know" for each condition.*	1. Feeding normally, feeding poorly, or not feeding at all .... 2. Normally active, less active than normal, or not moving	N2218 Nrml Mod Svr DK 1.☐ 2.☐ 3.☐ 9.☐ 1.☐ 2.☐ 3.☐ 9.☐	N2228 Nrml Mod Svr DK 1.☐ 2.☐ 3.☐ 9.☐ 1.☐ 2.☐ 3.☐ 9.☐
What was the name of the <FIRST/LAST HEALTH PROVIDER> (where <NAME> was delivered / where you took <NAME>)? *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	N2219 ☐☐ _____ (Name of Provider/Facility)	N2229 ☐☐ _____ (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	N2220 ☐ **2 → N2247** **3, 9 → *Inst_15***	N2230 ☐ **2-9 → *Inst_16***
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 (N2219 = 5, 10).* *Mark hours &/or minutes as needed: e.g. 02 hours, 10 minutes.*		N2221 __ __ Hours *(DK = 99)* __ __ Minutes *(DK = 99)* **N2219 ≠ 1, 7 (Hospital) →N2223**	N2231 __ __ Hours *(DK = 99)* __ __ Minutes *(DK = 99)* **N2229 ≠ 1, 7 (Hospital) → N2233**
Did the <FIRST/LAST HEALTH PROVIDER> admit <NAME> to the hospital for his/her problem?	1. Yes 2. No 9. Don't know	N2222 ☐	N2232 ☐

Question	Responses	First Provider	Last Provider
Did the <FIRST/LAST HEALTH PROVIDER> refer <NAME> to another health provider or facility?	1. Yes 2. No 9. Don't know	N2223 ☐ *2 or 9 → N2225*	N2233 ☐ *2 or 9 → N2235*
To where was <NAME> referred? *Probe to identify the type of provider or facility. If the d 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	N2224 ☐☐ **→ N2226** _____ (Name of Provider/Facility)	N2234 ☐☐ **→ N2236** _____ (Name of Provider/Facility)
Did the <FIRST/LAST HEALTH PROVIDER> tell you 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?...........	N2225 Yes No DK 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐	N2235 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	N2226 ☐ *2 → Inst_16*	N2236 ☐ *2 → Inst_16*
At the time of leaving the (<FIRST/ LAST HEALTH PROVIDER>, was <NAME>… *Read the choices and mark "Normal," "Moderate," "Severe" or "Don't know" for each condition.*	1. Feeding normally, feeding poorly, or not feeding at all .... 2. Normally active, less active than normal, or not moving	N2227 Nrml Mod Svr DK 1. ☐ 2. ☐ 3. ☐ 9. ☐ 1. ☐ 2. ☐ 3. ☐ 9. ☐	N2237 Nrml Mod Svr DK 1. ☐ 2. ☐ 3. ☐ 9. ☐ 1. ☐ 2. ☐ 3. ☐ 9. ☐

Inst_15: Check N2213→ If taken to another health provider… | ***NN/child → N2228 (LAST PROVIDER)*** |

Inst_16: If only one provider seen and N2223 = 2, 9 (not referred or DK) or
If more than one provider seen and both N2223 and N2233 = 2, 9 (not referred or DK) → Inst_17

N2238	Did you take the child 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	☐

N2239	*If not taken to (all) the referral provider(s), ask:* Did you have any concerns or problems that kept you from taking <NAME> to a health provider where s/he was referred? *If taken to (all) the referral provider(s), ask:* Did you have to overcome any concerns or problems to take <NAME> to a health provider where s/he was referred?	1. Yes 2. No 9. Don't know	☐ *2 or 9 → Inst_17*
N2240	What concerns or problems did you 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 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_17: If N2219, N2229, N2224 or N2234 = 1-4, 6-9 or 11 (seen at any health facility) → continue with N2241; Otherwise → N2247

N2241	Did you 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 → N2243*
N2242	How did you 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. ☐
N2243	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. ☐
N2244 *(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	☐

N2245 *(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	☐
N2246 *(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	☐
N2247 *(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	☐
N2248	How many days after (first noticing the illness / <LAST ACTION N2213> / leaving the first/last health provider) did <NAME> die? *If N2212 = 2 (No care given), then read: "…first noticing the illness…"*		___ ___ Days *(<1 = 00; DK = 99)*
	Inst_18: If N2212 = 2 (No care given) or if N2213 ≠ "Health Provider" (Never took to a health provider) → N2271		

SECTION 11: TREATMENTS RECEIVED DURING THE FATAL ILLNESS (FOR NEONATAL DEATHS)

N2251 *(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 → N2253*
N2252_1 *(10419)*	Did (s)he receive oral rehydration salts?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2252_2 *(10420)*	Did (s)he receive intravenous fluids (drip) treatment?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2252_3 *(10421)*	Did (s)he receive a blood transfusion?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2252_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	☐
N2252_5 *(10423)*	Did (s)he receive injectable antibiotics?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2252_6 *(10424)*	Did (s)he receive antiretroviral therapy (ART)?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2252_7 *(10425)*	Did (s)he have an operation for the illness?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐

N2253 (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 → N2259**
N2254 (10438)	Can I see the health records?	1. Yes 2. No	☐ **2 → N2259**
N2255_1check (10439_check)	Is the date of the most recent (last) visit available?	1. Yes 2. No	☐ **2→ N2255_2check**
N2255_1 (10439)	Record the date of the most recent (last) visit		__ __ / __ __ / __ __ __ __ D D M M Y Y Y Y *(DK = 99/99/9999)*
N2255_2check (10440_check)	Is the date of the second most recent visit available?	1. Yes 2. No	☐ **2→ N2256**
N2255_2 (10440)	Record the date of the second most recent visit		__ __ / __ __ / __ __ __ __ D D M M Y Y Y Y *(DK = 99/99/9999)*
N2256 (10441)	*Record the date of the last note on the health records*		__ __ / __ __ / __ __ __ __ D D M M Y Y Y Y *(DK = 99/99/9999)*
N2257 (10442)	Record the weight (in kilograms) written at the most recent (last) visit		__ __ __ __ Kilograms *(DK = 9999)*
N2258 (10444)	*Transcribe the last note on the health record* _____ _____ _____ _____ _____ _____ _____ _____		
N2259 (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 → N2271**

N2260 (10436)	What did the health worker say?	

SECTION 12: DEATH CERTIFICATE AND CIVIL REGISTRATION (FOR STILLBIRTHS AND NEONATAL DEATHS)

N2271 (10462)	Was a death certificate issued?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐ *8, 2 or 9 → N2283*
N2272 (10463)	Can I see the death certificate?	1. Yes 2. No	☐ *2 → N2283*
N2273 (10464)	*Record the immediate cause of death from the death certificate*		
N2274 (10465)	*Duration (1a)*		
N2275 (10466)	*Record the first underlying cause of death from the death certificate*		
N2276 (10467)	*Duration (1b)*		
N2277 (10468)	*Record the second underlying cause of death from the death certificate*		
N2278 (10469)	*Duration (1c)*		
N2283 (10069)	Was the death registered? *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 →* __N2291__
N2284 (10070)	*Record the death registration number*		_____

SECTION 13: THE HOUSEHOLD

Read: Now I would like to ask you some other questions about (yourself / the child's mother).

If the respondent is the mother, read "about yourself." If the respondent is not the mother, read "…about the child's mother."

Inst_19: If Q1403 = 2 (Respondent is the child's mother) → N2295

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N2291	How old (is the child's mother / was the child's mother when she died)? *Check N2003: If the mother died, read "How old was the child's mother when she died?"*		__ __ Years *(DK = 99)*
N2292	Did the child's mother ever attend school?	1. Yes 2. No 9. Don't know	☐ *8, 2 or 9 → N2295*
N2293	What is the highest level of school she attended: primary, secondary, or higher?	*Classe/ano* 0. *Pré-escolar(01-02-03)* 1. *Alfabetizacao (Ano: 01-02-03)* 2. *Primário EP1 (Classe: 01-05)* 3. *Primário EP2 (Classe: 06-07)* 4. *Secundário ESG1 (Classe: 08-10)* 5. *Secundário ESG2 (Classe:11-12)* 6. *Técnico Elementar (Ano: 01-03)* 7. *Técnico básico (Ano: 01-03)* 8. *Técnico médio (Ano: 01-03)* 9. *Formação de professors primaries (Ano: 01-03)* 10.*Superior (Ano: 01-07)* *Não sabe*	☐
N2294	What is the highest [GRADE/YEAR] she completed at that level? *If completed less than 1 year at that level, record '00'.*		__ __ Grade/Year *(DK = 99)*
N2295	At the time of the child's death, (were you / was the child's mother) married or living together with a man as if married? *[Read "…was the child's mother…" if the respondent is not the mother.]*	1. Yes, married 2. Yes, living with a man 3. No, not in union 4. No, mother was deceased then 9. Don't know	☐ *3 → Inst_20*
N2296	How old (were you when you / was she when she) first married (or lived with a man)? *Read "…was she when she…" if the respondent is not the mother.* *Read "…married or lived with a man?" if N2295 = "2. Living with a man."*		__ __ Years *(DK = 99)*
N2297	Did (your / the mother's) (husband/partner) ever attend school? *Read "…partner…" if she was living with a man.*	1. Yes 2. No 9. Don't know	☐ *2 or 9 → Inst_20*
N2298	What was the highest level of school 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*	☐
N2299	What was the highest [GRADE/YEAR] he completed at that level? *If completed less than 1 year at that level, record '00'.*		__ __ Grade/Year *(DK = 99)*

COMSA- VERBAL AND SOCIAL AUTOPSY QUESTIONNAIRE

Inst_20: Read: Now I would like to ask you some questions about (your / the mother's) household. Please remember that all information will be kept confidential.

If the respondent is not the mother, read "…the mother's…" and ask N2300– N2304 about the mother's household.

N2300	Is this the house (where we are now) where (you / the mother) stayed during the (last days of the pregnancy)? *SBs/NN deaths: Read "…last days…"* *Read "…where we are now…" if needed to clarify which house you are talking about.*	1. Yes 2. No 9. Don't know	☐ **1 → N2303** **9 → N2314**
N2301	Where did (you / the mother) stay at that time? *Probe*: Where did (you / the mother) 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 → N2311** _____
N2302	What is the address of the place where (you / she) stayed? *LOCAL ADAPTATION: Levels 1 and 2 mean the largest and second largest geographic divisions in the country.*	Level 1 _____ Level 2 _____	☐ ☐ ☐ ☐ ☐ ☐
N2303	At the time of the illness events, how long had (you / the mother / your <RELATIVES> / the mother's <RELATIVES>) been living continuously in (this / that) community? Read "…<RELATIVES>…" if N2301 = 2-5 (s/he stayed with her/his relatives).		__ __ Years *(<1 = 00; DK =99)*
N2304	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)

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

SBs and NN deaths: If the respondent is not the mother, read "…the mother's…" or "…the mothers' <RELATIVES'>...;" and ask N2311-N2313about the mother and her community or her relatives' community.

Village/Cluster   HH   DeathID

COMSA- VERBAL AND SOCIAL AUTOPSY QUESTIONNAIRE

N2311	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.*	Yes No DK
	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)*..	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	☐

N2312	In the 12 months before <NAME>'s death, (were you / was the mother) 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.*	Yes No DK
	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)*	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	☐

N2313	Did (you / she) turn to any of the following people or groups in the community for help during (the pregnancy / (or) the child's fatal illness)? *For stillbirths, read "…the pregnancy?"* *For neonatal deaths, read "…the pregnancy or the child's fatal illness?"* *Read all the options and mark ("X") Yes, No or DK for each; then enter the code.*	Yes No DK
	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)*..	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	☐

Inst_21: If N2016 = 1 (Stillbirth) → N2316

					—				—				COMSA- VERBAL AND SOCIAL AUTOPSY QUESTIONNAIRE

Village/Cluster   HH   DeathID

N2314 (10126)	*Read:* Now I have four last questions about the child and the child's mother.. Did the child ever have a positive HIV test?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2315 (10127)	Was there any diagnosis by a health professional that the child had AIDS?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2316 (10445)	Did (you / the child's biological mother) ever have a positive HIV test?	1. Yes 2. No 9. Don't know 8. Refused to answer	☐
N2317 (10446)	Was there any diagnosis by a health professional that (you / the child's biological mother) 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)

N2321 (*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.

_____

_____

_____

_____

_____

_____

Inst_22: If stillbirth → End interview		
N2322 (10479.1)	Are any of the following words of interest mentioned in the above narrative?	1. Asphyxia ☐ 2. Incubator ☐ 3. Lung problem ☐ 4. Preterm delivery ☐ 5. Respiratory distress ☐ 6. None of the above words were mentioned ☐ 9. DK ☐

END OF INTERVIEW
THANK RESPONDENT FOR HER/HIS PARTICIPATION

COMSA- VERBAL AND SOCIAL AUTOPSY QUESTIONNAIRE

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

_____

_____

_____

_____