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NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2016
VERBAL AUTOPSY QUESTIONNAIRE
FOR NEONATAL DEATHS (0-28 DAYS OF AGE)

NEPAL
MINISTRY OF HEALTH

IDENTIFICATION

NAME AND CODE OF DISTRICT _____ | | |

NAME AND CODE OF VILLAGE/MUNICIPALITY _____ | | | |

WARD NUMBER . . . . . | | |

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . | | | | |

HOUSEHOLD NUMBER . . . . . | | | | |

NAME AND LINE NUMBER OF RESPONDENT _____ | |

PREGNANCY HISTORY NUMBER OF DECEASED/STILLBIRTH . . . . . | |

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR 2 0 7
INTERVIEWER'S NAME				INT. NO.
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:
1 COMPLETED
2 NOBODY AT HOME
3 MOTHER/KNOWLEDGABLE RESPONDENT NOT PRESENT
4 MOTHER OR KNOWLEDGABLE RESPONDENT POSTPONED
5 MOTHER OR KNOWLEDGABLE RESPONDENT REFUSED
6 PARTIALLY COMPLETED
7 OTHER _____ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE** 0 1 | LANGUAGE OF INTERVIEW** | | NATIVE LANGUAGE OF RESPONDENT** | | TRANSLATOR USED (YES = 1, NO = 2) |

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH
02 NEPALI
03 MAITHILI
04 BHOJPURI
05 OTHER

SUPERVISOR		OFFICE EDITOR	KEYED BY
NAME	NUMBER	NUMBER	NUMBER

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Ministry of Health. We are conducting a survey about health and other topics all over Nepal. Your household was selected for the survey. The questions usually take about 30 to 45 minutes.

We are collecting information on the causes of death in the community. This information will help the government to plan health services. We would very much appreciate your participation in this survey. We learned during our earlier visit that (NAME) had died recently. As part of the survey we want to ask you about the circumstances leading to the death of the deceased. Whatever information you provide will be kept strictly confidential. No information identifying you or the deceased will ever be released to anyone outside of this survey. Participantion in this survey is voluntary and if we should come to any question you do not want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your answers will help the government improve health services for the Nepalese people.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . . 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . 2 → END

SECTION 2. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201 2A130	RECORD THE TIME.	HOURS . . . . . ☐☐ MINUTES . . . . . ☐☐	
202 2A110	What is your relationship to the deceased?	FATHER . . . . . 1 MOTHER . . . . . 2 SIBLING . . . . . 3 OTHER RELATIVE _____ (SPECIFY) 6 NO RELATION 8	
203 2A115	Did you live with the deceased in the period leading to her/his death?	YES . . . . . 1 NO 2	

SECTION 3. INFORMATION ON THE DECEASED/STILLBIRTHS

301 1A100a 1A100b	What was the name of the deceased? IF NO NAME GIVEN WRITE `BABY'.	NAME _____	
302 1A110	Was the deceased female or male?	MALE . . . . . 1 FEMALE 2	
303 1A200 1A210	When was the deceased born?	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	

SECTION 2. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304 AAAA AAAA AAAA	How old was the deceased when s/he died? IF LESS THAN ONE HOUR RECORD IN MINUTES; IF LESS THAN ONE DAY RECORD IN HOURS; IF ONE COMPLETE DAY OR MORE RECORD IN DAYS.	AGE IN MINUTES . . . . . 1 ☐☐ AGE IN HOURS . . . . . 2 ☐☐ AGE IN DAYS . . . . . 3 ☐☐ STILLBIRTH 998	
305 1A220 1A230	When did s/he die?	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
305A	CHECK 305: DIED 1 BAISAKH 2068 OR LATER ☐ DIED EARLIER THAN 1 BAISAKH 2068 ☐ → END		
305B	CHECK 304: AGE AT DEATH 28 DAYS OR LESS/STILLBIRTH ☐ AGE AT DEATH 29 DAYS OR MORE ☐ → END		
306 1A560	Where did s/he die? PROBE TO IDENTIFY TYPE OF HEALTH FACILITY. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL/CLINI(. . . . . 21 PRIMARY HEALTH CARE CENTE . . . . . 22 HEALTH POST/SUB- HEALTH POST . . . . . 23 PHC OUTREACH CLINIC . . . . . 24 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **NON-GOVT. (NGO) SECTOR** FPAN . . . . . 31 MARIE STOPES . . . . . 32 OTHER NGO SECTOR _____ 36 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/ NURSING HOME . . . . . 41 PRIVATE CLINIC . . . . . 42 PHARMACY . . . . . 43 OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 2. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
307 3A280	During which season did (NAME) die?	SUMMER . . . . . 1 WINTER . . . . . 2 RAINY 3	
308 3A310	Did (NAME) die suddenly?	YES . . . . . 1 NO . . . . . 2 STILLBIRTH . . . . . 3 DON'T KNOW 8	→ 607

SECTION 4A. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH

401
5A100

Could you tell me about the illness/events that led to her his/death?

SECTION 4B. VITAL REGISTRATION AND CERTIFICATION

402	Was (NAME)'s death registered?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 501
403 1A700	Death registration number/certificate _____		
404 1A710	Date of registration	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
405 1A720	Place of registration _____		

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
500	Now I would like to ask you about the signs and symptoms that the deceased child had during the illness that led to his/her death.		
501 3B100	Did the baby have a fever?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 503
502 3B110	How many days did the fever last?	DAYS . . . . . [ ][ ] DON'T KNOW 98	
503 3B130	Did the baby have a cough?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
504 3B180	Did the baby have any breathing problem?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
505 3B190	During the illness that led to death, did the baby have fast breathing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 507
506 3B200	For how many days did the fast breathing last?	DAYS . . . . . [ ][ ] DON'T KNOW 98	
507 3B210	Did the baby have breathlessness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 509
508 3B220	For how many days did the baby have breathlessness?	DAYS . . . . . [ ][ ] DON'T KNOW 98	
509 3B242	During the illness that led to death, did the baby have difficulty breathing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 511
510 3B244	For how many days did the difficulty breathing last?	DAYS . . . . . [ ][ ] DON'T KNOW 98	
511 3B250	Did you see the lower chest walls/ribs being pulled in as the child breathed?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
512 3B260	During the illness that led to death did his/her breathing sound like any of the following: PLEASE DEMONSTRATE.	STRIDOR . . . . . 1 GRUNTING . . . . . 2 WHEEZING . . . . . 3 NO . . . . . 4 DON'T KNOW 8	

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
513 3B280	Did the baby have diarrhea?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 515
514 3B300	At any time during the final illness was there blood in the stools?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
515 3B310	Did the baby vomit?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 518
516 3B315	For how many days before death did the baby vomit?	DAYS . . . . . [ ][ ] DON'T KNOW 98	
517 3B320	Did the baby vomit blood?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
518 3B330	Did the baby have any abdominal problem?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
519 3B360	Did the baby have a more than usually protruding abdomen?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
520 3B440	Was the baby unconscious for more than 24 hours before death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
521 3B460	Did the baby have convulsions?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
522 3B530	Did the baby have any skin problems?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
523 3B560	During the illness that led to death, did the baby have any skin rash?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
524 3B594	During the illness that led to death, did the baby have areas of the skin that turned black?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
525 3B596	During the illness that led to death, did the baby bleed from anywhere?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
526 3B750	Did the baby have yellow discoloration of the eyes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	SECTION 6. NEONATAL AND CHILD HISTORY, SIGNS AND SYMPTOMS		
600	Now I would like to ask you about the signs and symptoms that the deceased child had since birth and other characteristics.		
601 3D070	How old was the baby when the fatal illness started?	DAYS . . . . . [ ][ ] DON'T KNOW 98	
602 3D100	Was the child part of a multiple birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 604
603 3D102	Was the child the first, second, or later in the birth order?	FIRST . . . . . 1 SECOND OR LATER 2	
604 3D104	Is the mother still alive? NOTE: IF THE MOTHER IS BEING INTERVIEWED MARK `YES'	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 607 → 607
605 3D106	Did the mother die during or after the delivery?	DURING DELIVERY . . . . . 1 AFTER DELIVERY 2	→ 607
606 3D108	How many months or days after the delivery did the mother die? IF LESS THAN A MONTH RECORD IN DAYS.	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ]	
607 3D155	Where was the child born? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVT. HOSPITAL/CLINIC . . . . . 21 PHC CENTEI . . . . . 22 HEALTH POST/SUB- HEALTH POST . . . . . 23 PHC OUTREACH CLINI . . . . . 24 OTHER PUBLIC FACILITIES _____ 26 (SPECIFY) **NON-GOVT. (NGO)** FPAN . . . . . 31 MARIE STOPES . . . . . 32 OTHER NGO FACILITIES _____ 36 (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ NURSING HOME . . . . . 41 PRIVATE CLINIC . . . . . 42 OTHER PRIVATE MEDICAL FACILITIES _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY)	

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
608 3D165	Who assisted with the delivery? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B HEALTH ASSISTANT/ AHW . . . . . C MCHW . . . . . D VHW . . . . . E **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . F FCHV . . . . . G RELATIVE/FRIEND . . . . . H OTHER _____ X (SPECIFY) NO ONE ASSISTED . . . . . Y	
609 3D180 3D190 3D200	At birth what was the size of the baby?	SMALLER THAN NORMAL . . . . . 1 NORMAL . . . . . 2 LARGER THAN NORMAL . . . . . 3 DON'T KNOW 8	
610 3D201	What was the weight (in kgs) of the deceased baby at birth?	KGS . . . . . [ ][ ].[ ][ ][ ] DON'T KNOW 9998	
611 3D210	How many months or weeks along was the pregnancy before the child was born? INDICATE PERIOD OF PREGNANCY	MONTHS . . . . . 1 [ ][ ] WEEKS . . . . . 2 [ ][ ] DON'T KNOW 998	
612 3D215	Were there any complications in the late part of the pregnancy (defined as the last 3 months, before	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
613 3D221	Were there any complications during labour or delivery?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
614 3D230	Was any part of the baby physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on body)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
615 3D240	Did the baby have a swelling or defect on the back?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
616 3D241	Did the baby have a very large head ?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 618
617 3D242	Did the baby have a very small head ?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
618 3D251	Did the baby stop moving in the womb before labour started?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 620
619 3D251a 3D251b	How many hours or days before labour did you or the mother last feel the baby move? IF LESS THAN A DAY RECORD IN HOURS.	HOURS . . . . . 1 [ ][ ] DAYS . . . . . 2 [ ][ ]	

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
620 3D253	Was the baby born 24 hours or more after the water broke?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
621 3D254	Was the water foul smelling?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
622 3D258	Was the delivery normal vaginal, without forceps or vacuum?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 625
623 3D259	Was the delivery vaginal, with forceps or vacuum?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 625
624 3D260	Was the delivery a Caesarean section?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
625 3D261	Did you/the mother receive any vaccinations since reaching adulthood including during this pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 628
626 3D626	How many doses?	DOSES . . . . . ☐☐	
627 3D265	Did the mother receive tetanus toxoid (TT) vaccine?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
628 3D267	How many births, including stillbirths, did the baby's mother have before this baby?	NUMBER OF BIRTHS/ STILLBIRTHS . . . . . ☐☐ DON'T KNOW 98	
629 3D269	During the last 3 months of pregnancy, labour or delivery, did the baby's mother suffer from high blood pressure?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
630 3D271	Did the baby's mother have foul smelling vaginal discharge during pregnancy or after delivery?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
631 3D273	During the last 3 months of pregnancy, labour or delivery, did the baby's mother suffer from convulsions?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
632 3D275	During the last 3 months of pregnancy did the baby's mother suffer from blurred vision?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
633 3D276	Did the baby's mother have vaginal bleeding during the last 3 months of pregnancy but before labour started?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
634 3D277	Did the baby's bottom, feet, arm or hand come out of the vagina before its head?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
635 3D278	Was the umbilical cord wrapped more than once around the neck of the child at birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
636 3D280	Was the baby blue in colour at birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
637 3D285	Did the baby ever cry?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 642
638 3D290	Did the baby cry immediately after birth, even if only a little bit?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 640
639 3D292	How many minutes after birth did the baby first cry?	MINUTES . . . . . ☐☐ DON'T KNOW 98	
640 3D294	Did the baby stop being able to cry?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 642
641 3D296	How many hours before death did the baby stop crying?	HOURS . . . . . ☐☐ DON'T KNOW 98	
642 3D298	Did the baby ever move?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
643 3D299	Did the baby ever breathe?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 645
644 3D300	Did the baby breathe immediately after birth, even a little?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
645 3D310	Was the baby given assistance to breathe at birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
645A	CHECK 637, 642, AND 643 FOR CODES `NO': ALL THREE CODES `NO': THE BABY DID NOT BREATH, THE BABY DID NOT CRY, THE BABY DID NOT MOVE ☐ ↓ OTHER ☐		→ 649
646 3D320	If the baby didn't show any sign of life, was it born dead?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 649
647 3D325	Were there any bruises or signs of injury on child's body after the birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
648 3D330	Was the dead baby macerated, that is, showed signs of decay?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 827
649 3D340	Was the baby able to suckle or bottle-feed within the first 24 hours after birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 652
650 3D345	Did the baby stop suckling?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 652

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
651 3D350	How many days after birth did the baby stop suckling?	DAYS . . . . . [ ][ ]	
652 3D360	Did the baby have convulsions starting within the first 24 hours of life?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 654
653 3D370	Did the baby have convulsions starting more than 24 hours after birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
654 3D380	Did the baby's body become stiff, with the back arched backwards?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
655 3D390	During the illness that led to death, did the baby have a bulging or raised fontanelle?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 657
656 3D400	During the illness that led to death, did the baby have a sunken fontanelle?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
657 3D410	Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 659
658 3D420	Did the baby become unresponsive or unconscious more than 24 hours after birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
659 3D430	During the illness that led to death, did the baby become cold to touch?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
660 3D435	During the illness that led to death, did the baby become lethargic, after a period of normal activity?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
661 3D440	Did the baby have redness or discharge from the umbilical cord stump?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
661A	Was anything applied to the umbilical cord stump after birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 662
661B	What was applied to the umbilical cord stump?	OIL . . . . . A ASH . . . . . B VERMILON . . . . . C OINTMENT/POWDE . . . . . D ANIMAL DUNG . . . . . E TURMERIC . . . . . F GHEE . . . . . G NAVI MALAM . . . . . H METHYLATED SPIRIT . . . . . I LOCAL HERBS . . . . . J OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
662 3D445	During the illness that led to death, did the baby have skin ulcer(s) or pits?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
663 3D450	During the illness that led to death, did the baby have yellow skin, palms (hand) or soles (foot)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
664 3D455	Did the baby or infant appear to be healthy and then just die suddenly?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 7. HISTORY OF INJURIES/ACCIDENTS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701 3E100	Did (s)he suffer from any injury or accident that led to her/his death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 801
702 3E102	Was the injury intentionally inflicted by someone else?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 708
703 3E104	Was (s)he injured by a fire arm?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
704 3E106	Was (s)he stabbed, cut or pierced?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
705 3E108	Was (s)he strangled?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
706 3E111	Was (s)he injured by a blunt force?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
707 3E112	Was (s)he injured by burns?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
708 3E115	Was it a road traffic accident?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
711 3E310	Was (s)he injured in a fall?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
712 3E320	Did (s)he die of drowning?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
713 3E330	Did (s)he suffer from accidental burns?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 7. HISTORY OF INJURIES/ACCIDENTS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714 3E335	Was (s)he accidentally injured by a blunt force?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
715 3E340	Was (s)he accidentally injured by a plant/animal/insect that led to her/his death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→717
716 3E400	What was the plant/animal/insect?	DOG . . . . . 1 SNAKE . . . . . 2 INSECT . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
717 3E500	Was (s)he injured by a force of nature?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
718 3E510	Was there any poisoning?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
719 3E520	Was (s)he subject to violence/assault?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
720 3E530	Was it electrocution?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 8. HEALTH SERVICE UTILIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801 3G110	Did (s)he receive any treatment for the illness that led to death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 810
802 3G120	Did (s)he receive oral rehydration salts?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
803 3G130	Did (s)he receive (or need) intravenous fluids (drip) treatment?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
804 3G140	Did (s)he receive (or need) a blood transfusion?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
805 3G150	Did (s)he receive (or need) treatment/food through a tube passed through the nose?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
806 3G160	Did (s)he receive (or need) injectable antibiotics?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
807 3G165	Did (s)he receive (or need) antiretroviral therapy (ART)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
808 3G170	Did (s)he have (or need) an operation for the illness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
809 3G190	Was (s)he discharged from hospital very ill?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
810 3H810	Has (s)he received immunization?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 814
811 3H110	Do you have the child's vaccination card?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 814
812 3H120	Can I see the vaccination card (note the vaccines the child received)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
813 3H125	Note vaccines here _____ _____ _____ _____		
814 3H130	Was care sought outside the home while (s)he had this illness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 817

SECTION 8. HEALTH SERVICE UTILIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815 3H140	Where or from whom did you seek care? PROBE: Any where else? IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVT. HOSPITAL/CLINIC . . . . . A PHC CENTER . . . . . B HEALTH POST/SUB- HEALTH POST . . . . . C PHC OUTREACH CLINIC . . . . . D OTHER PUBLIC FACILITIES _____ E (SPECIFY) **NON-GOVT. (NGO)** FPAN . . . . . F MARIE STOPES . . . . . G OTHER NGO FACILITIES _____ H (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ NURSING HOME . . . . . I PRIVATE CLINIC . . . . . J OTHER PRIVATE MEDICAL FACILITIES _____ K (SPECIFY) **OTHER SOURCE** PHARMACY . . . . . L TRADITIONAL HEALER . . . . . M OTHER _____ X (SPECIFY)	
816 3H150	Record the name and address of any hospital, health center or clinic where care was sought _____ _____ _____ _____		
817 3H160	Did a health care worker tell you the cause of death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 819
818 3H170	What did the health care worker say? _____ _____ _____ _____		
819 3H180	Do you have any health records that belonged to the deceased?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 827
820 3H190	Can I see the health records?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 827

SECTION 8. HEALTH SERVICE UTILIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821 3H200	Record the date of the most recent (last) visit	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
822 3H210	Record the date of the last but one (second last) visit	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
823 3H220	Record the date of the last note on the health records	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
824 3H230	Record the weight (in kilogrammes) written at the most recent (last) visit	KG . [ ][ ] . [ ]	
825 3H240	Record the weight (in kilogrammes) written at the last but one (second last) visit	KG . [ ][ ] . [ ]	
826 3H250	Transcribe the last note on the health records _____ _____ _____ _____		
827 3H330	Has the deceased's (biological) mother ever been tested for HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 829
828 3H340	Was the HIV test ever positive?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
829 3H350	Has the deceased's (biological) mother ever been told she had HIV/AIDS by a health worker?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
829A	CHECK 646: CODE 2 OR 8 CIRCLED ↓ NOT ASKED ↓ CODE 1 CIRCLED →		1008

SECTION 9. BACKGROUND AND CONTEXT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901 4A100	In the final days before death, did s/he travel to a hospital or health facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 906
902 4A110	Did (s)he use motorised transport to get to the hospital or health facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
903 4A120	Were there any problems during admission to the hospital or health facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
904 4A130	Were there any problems with the way (s)he was treated (medical treatment, procedures, interpersonal	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
905 4A140	Were there any problems getting medications, or diagnostic tests in the hospital or health facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
906 4A150	Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
907 4A160	In the final days before death, were there any doubts about whether medical care was needed?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
908 4A170	In the final days before death, was traditional medicine used?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
909 4A180	In the final days before death, did anyone use a telephone or cell phone to call for help?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
910 4A190	Over the course of illness, did the total costs of care and treatment prohibit other household payments?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 10. DEATH CERTIFICATE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001 6H260	Was a death certificate issued?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 1008
1002 6H270	Can I see the death certificate?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 1008
1003 6H280	Record the immediate cause of death from the certificate (line 1a)		
1004 6H290	Record the first antecedent cause of death from the certificate (line 1b)		
1005 6H300	Record the second antecedent cause of death from the certificate (line 1c)		
1006 6H310	Record the third antecedent cause of death from the certificate (line 1d)		
1007 6H320	Record the contributing cause(s) of death from the certificate (part 2)		
1008	RECORD THE TIME.	HOURS . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS