

Household ID:	Respondent ID:	Date of Interview:
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**Instructions:** This questionnaire should be administered to the individual who is the household head during the time of the interview. Since you are asking questions about recent deaths, please try to be especially sensitive when administering this questionnaire. If you feel that the head may not wish to answer these questions, you or your partner should try to administer this questionnaire to the spouse of the respondent, or another household member.

Date of Round 2 Interview	
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**Section A. Mortality of Previous Household Members**

**NOTE: Individuals listed in this section must have died between round 2 and round 3. Probe and ask about all hh members.**

- \* Make sure that the deceased persons habitually resided and ate with the household.
- \* If the person is somebody who was a household member in round 2, record their ID number from the household roster.
- \* Also refer to the Section 4 of the household roster from round 3 (deceased household members).

1. Has anyone who was residing in your household died since [Round 2]? <i>Probe for old people and infants, and check Section 4 of the Household Roster.</i> 1 Yes 2 No → <b>Next section</b>				
<b>INSTRUCTIONS: ASK THE FOLLOWING QUESTIONS FOR EACH PERSON THAT DIED</b>				
Person number-----	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
2. NAME of deceased person.				
3. ID Code of deceased person (from household roster).				
4. How old was [NAME] when he/she passed away? Age in years				
5. <b>Interviewer:</b> Was [NAME] older than 12 years at the time of his/her death? (See 6) 1 Yes 2 No → <b>17</b>				
6. Was [NAME] married at the time of his/her death? 1 Yes 2 No				
7. What kind of work did this person do for most of his/her life? * See occupation codes				

NOW I WOULD LIKE TO ASK YOU ABOUT CIRCUMSTANCES SURROUNDING NAME's DEATH												
(Interviewer: ask the household member who is best able to answer)												
19. In what month and year did [NAME] die?	Month:											
	Year:											
20. What was the cause of [NAME's] death? .....1 Illness →21 2 Traffic accident →36 3 Childbirth or complications →36 4 Homicide →36 5 Suicide →36 6 Other accident or injury →36 7 Other (specify) →36 .....99 Don't Know →25												
21. Did [NAME] ever seek medical treatment for the condition that led to his/her death? 1 Yes 2 No →24												
22. Which health practitioners/establishments did [NAME] visit? * Use health practitioner codes * List up to three practitioner codes												
23. What illness did the health practitioner report that [NAME] was suffering from? * Use illness codes												
24. What illness do you think [NAME] was suffering from? * Use illness codes												
25. Please describe the symptoms [NAME] had during his/her illness? * Use symptom codes * List up to five symptoms												
QUESTIONS 26-30 – LEAVE BLANK and DO NOT ASK QUESTION IF SYMPTOM HAS ALREADY BEEN REPORTED BY THE RESPONDENT												
26. [If diarrhoea not cited]...Did [NAME] have diarrhoea for a month or more? 1 Yes 2 No												
27. [If weight loss not cited]...Did [NAME] continuously lose weight in the six months before his/her death? 1 Yes 2 No												
28. [If skin rash not cited]...Did [NAME] have a skin rash in the six months before his/her death? 1 Yes 2 No												
29. [If sore throat not cited]...Did [NAME] suffer from a persistent sore throat in the six months before his/her death? 1 Yes 2 No												
30. [If fever not cited]...Did [NAME] suffer from a fever in the six months before his/her death? 1 Yes 2 No												
31. For how long was [NAME] suffering from this illness before his/her death?												
Time Unit Codes 1 Minutes 2 Hours 3 Days 4 Weeks 5 Months 6 Years												
a. Amount of time												
b. Time unit												
32. <b>Interviewer:</b> Did [NAME's] death occur in the past 12 months? (See 19) 1 Yes 2 No →34												
33. How much money did your household spend on [NAME's] illness in the six months prior to death (including the cost of treatment, medicines, transport and other expenses)? * Probe for payments in cash or kind.												
34. Did members of your household have to sell any assets (such as land, livestock, farm equipment, etc) in order to pay for the medical expenses associated with [NAME's] illness? 1 Yes 2 No												

35. Did anyone in the household receive contributions from friends or relatives to pay for [NAME's] medical expenses? 1 Yes 2 No →37				
36. What was the total amount received from all friends and relatives?				
<b>NOW I WOULD LIKE TO ASK YOU ABOUT EVENTS AFTER [NAME]'S DEATH</b>				
37. What happened to the agricultural activities of your household as a result of [NAME's] death? 1 Lower 2 Higher 3 No change 4 N/A (never did farming)				
38. What happened to the rest of the income-earning activities of your household as a result of [NAME's] death? 1 Lower 2 Higher 3 No change				
39. Did any relatives or community members (who weren't household members) work on your shamba to compensate for the loss of labor from [NAME's] death? 1 Yes 2 No 3 N/A (household doesn't do farming)				
40. After [NAME's] death, did any children or other relatives come to stay at your household for an extended period? 1 Yes 2 No				
41. How much was spent <u>in total</u> on [NAME's] funeral? * Include the cost of transportation of the body, food for visitors, coffin, burial, etc. * Include contributions from non-household members.				
42. How much was spent <u>by members of your household</u> for [NAME's] funeral? * Probe for out-of-pocket expenses <u>of household members only</u> .				
43. Did members of your household have to sell any assets (such as land, livestock, farm equipment, etc) in order to pay for the funeral expenses associated with [NAME's] illness? 1 Yes 2 No				
44. Did anyone in the household receive contributions from friends or relatives to pay for [NAME's] funeral expenses? 1 Yes 2 No				
45. What was the total amount received from all these friends and relatives?				
46. What was the total amount received from organizations and community groups?				
47. After [NAME] died, did you or members of your household lose assets or land due to inheritance traditions? 1 Yes 2 No →Next person				
48. What was the value of the land and/or assets lost? (Total value of these assets today, in KShs)				

**Section B. Mortality of Children Living Away**

**NOTE: Individuals listed in this section must have died between round 2 and round 3. Probe and ask about children living away.**

This section inquires about mortality of children (of any household member) who died *while living elsewhere*. If the child was a household member during the time of death, he/she should be listed in Section A. If the child was reported to be living elsewhere in round 1 (see Section 2 of the round 1 Household roster), record their ID number.

1. Have any of your children (or children of <u>other</u> household members) died while living elsewhere in the past five years – that is since...(same month, 5 years ago)? <i>Probe for adult children who died while living elsewhere, or foster children.</i> 1 Yes →Next Page 2 No →End	
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**Mortality Questionnaire**

**Mosoriot – Round 3**

Person number-----	1	2	3												
2. NAME of deceased person.															
3. ID Code of deceased person (from round 1 household roster, if applicable).															
6. How old was [NAME] when he/she passed away? * Age in years															
7. Who are the parents of [NAME]? * Copy ID code of mother and father * 88 (not resident) and 98 (deceased)	a. Father ID														
	b. Mother ID														
8. Where was [NAME] residing at the time of his/her death? * See location codes -- make sure [NAME] wasn't a hh member at time of death															
9. <b>Interviewer:</b> Was [NAME] older than 12 years at the time of death? (See 6) 1 Yes 2 No →15															
10. Was [NAME] married at the time of his/her death? 1 Yes 2 No →13															
11. Does the husband/wife of this person live in this household? 1 Yes 2 No →13															
12. Record the ID code of the wife or husband from the household roster.															
13. Did [NAME] have any children living in this household? 1 Yes 2 No →15															
14. Record the ID codes of all of the children (adults and youngsters) of [NAME] who are household members.															
15. Did [NAME] ever attend school? 1 Yes 2 No →17															
16. What was the highest grade that [NAME] completed? a. Level: 1 Nursery 2 Primary 3 Secondary 4 Post-sec. b. Number of years	a. Level														
	b. No. of yrs														
17. In what month and year did [NAME] die?	a. Month														
	b. Year														
18. What was the cause of [NAME's] death? 1 Illness →19 2 Traffic accident →21                      3 Childbirth or complications →21 4 Homicide →21                                  5 Suicide →21 6 Other accident or injury →21      7 Other (specify) →21															
19. What illness do you think [NAME] was suffering from? * Use illness codes															
20. Please describe the symptoms [NAME] had during his/her illness? * List up to five symptoms	a	B	c	d	e	a	b	c	d	e	a	b	c	d	e
21. <b>Interviewer:</b> Did [NAME's] death occur in the past 12 months? (See 17) 1 Yes 2 No →24															
22. How much money did your household spend on [NAME's] illness in the six months prior to death (including the cost of treatment, medicines, transport and other expenses connected with the illness/accident)? * Probe for payments in cash or kind.															
23. How much was spent by members of your household for [NAME's] funeral? * Include the cost of transportation of the body, food for visitors, coffin, burial, etc. * Record total expenditures, including the value of expenditure in kind.															
24. Did members of your household have to sell any assets (such as land, livestock, farm equipment, etc) in order to pay for the funeral expenses associated with [NAME's] illness? 1 Yes 2 No															



**Section D. Information about Living Parents of Foster Children - if parent isn't part of household**

**ASK ABOUT ALL FOSTER CHILDREN IN HOUSEHOLD.** Children defined as individuals below 16 at time of round 1 interview.

**Note: USE ONE COLUMN PER PARENT**

1. ID Code of [NAME] – i.e. the foster child							
2. Living parent is [NAME's] biological father or mother? 1 Father 2 Mother							
3. How old is [NAME's] parent now?							
4. Where is [NAME's] parent residing now? <i>See location codes</i>							
5. Did [NAME's] parent ever attend school? 1 Yes 2 No →9							
6. What was the highest grade that [PARENT] completed? a. Level: 1 Nursery 2 Primary 3 Secondary 4 Post-sec. b. Number of years	a. Level						
	b. No. of yrs						
7. What kind of work did [NAME's] parent do for most of his/her life? <i>Use occupation codes</i>							