

8.	Who diagnosed this condition? 1 = Doctor 2 = Nurse	3 = Clinical worker 4 = Traditional healer 5 = Other, specify _____	[]
9.	How long before dying did [...] first start to show signs of being ill?	Days..... Months..... Years.....	[][] [][] [][]
10.	Was [...] ever bedridden because of his/her illness?	Yes..... No.....	1 2 >> Q13
11.	For how long was [...] bedridden due to this illness?	Days..... Months..... Years.....	[][] [][] [][]
12.	Was this period that [...] was bedridden continuous or in intervals?	Continuous At intervals.....	1 2
13.	What was the place of death?	Home..... Hospital..... Clinic..... Other, specify _____	1 >> Q15 2 3 4 >> Q15
14.	How long had [...] been hospitalized in that hospital/clinic at the time of death?	Hours..... Days..... Months.....	[][] [][] [][]
15.	Did [...] ever have a fever in the period of illness that lead to his/her death?	Yes..... No.....	1 2 >> Q18
16.	How long did the period with fevers last?	Days..... Months..... Years.....	[][] [][] [][]
17.	Was the fever continuous or at interval?	Continuous At intervals.....	1 2
18.	Did s/he suffer from weight loss?	Yes..... No.....	1 2 >> Q20
19.	What was the degree of weight loss?	Little weight loss..... A lot of weight loss.....	1 2
20.	Did s/he have diarrhea?	Yes..... No.....	1 2 >> Q23
21.	For how long in total did the period(s) with diarrhea last?	Days..... Months.....	[][] [][]
22.	Was the diarrhea continuous or at interval?	Continuous At intervals.....	1 2
23.	Did [...] have a rash?	Yes..... No.....	1 2 >> Q25
24.	For how long did [...] have a rash?	Days..... Months.....	[][] [][]

25. INTERVIEWER:

a. Interviewer Name _____

b. Interviewer ID Code [][][]

c. Date (dd/mm/yy): [][]/[][]/[][]

26 DATA ENTRY:

a. Data Entry Clerk Name _____

b. Data Entry ID Code [][][]

c. Date (dd/mm/yy): [][]/[][]/[][]

INTERVIEWER OBSERVATIONS/NOTES