

MTM MORTALITY QUESTIONNAIRE PI2009

1. Respondent ID Information																															
a. Respondent ID Number (7 digit): [][][][][][][] if spouse enter S: []																															
b. Name: _____																															
c. Nickname/other name: _____																															
d. Age at last interview: [][]																															
e. Sex	Male..... 1 Female..... 2																														
2. Name and contact details of the person currently being interviewed																															
a. Name: _____																															
b. Village: _____																															
c. Head of Compound: _____																															
d. Land or Cell Phone No.: _____																															
e. Relationship of this person to the core respondent..... []																															
1 = Mother/Father	4 = Neighbor																														
2 = Other relative	5 = Community leader																														
3 = Friend/peer	6 = Other, specify: _____																														
3. When did [...] pass away? Month: [][] Year: [][][][]																															
4. Did [...] die of an illness or some other cause? Illness..... 1 >> Q6 Other cause..... 2																															
5. What was the cause of [...]’s death? [] >> Q24																															
1 = Traffic accident	4 = Homicide																														
2 = Other accident or injury	5 = Suicide																														
3 = Childbirth complications	6 = Other, specify: _____																														
6. What was the illness that caused [...]’s death? 1st Illness Named: [] (CAN NOTE UP TO TWO CAUSES) 2nd Illness Named: []																															
<p><u>ILLNESS CODES</u></p> <table style="width: 100%; border: none;"> <tr> <td>MALARIA1</td> <td>HIGH BLOOD</td> <td>SEXUALLY</td> </tr> <tr> <td>MEASLES2</td> <td>PRESSURE OR</td> <td>TRANSMITTED</td> </tr> <tr> <td>DIARRHEA. . . .3</td> <td>CIRCULATORY</td> <td>DISEASE 15</td> </tr> <tr> <td>PNEUMONIA . . .4</td> <td>PROBLEM. . . 10</td> <td>DIABETES</td> </tr> <tr> <td>MENINGITIS. . .5</td> <td>STROKE. . . . 11</td> <td>COMPLICATION. 16</td> </tr> <tr> <td>MALNUTRITION. .6</td> <td>CANCER. . . . 12</td> <td>DOES NOT KNOW. 17</td> </tr> <tr> <td>TUBERCULOSIS. .7</td> <td>KIDNEY</td> <td>REFUSED TO</td> </tr> <tr> <td>HIV/AIDS. . . .8</td> <td>DISEASE. . . 13</td> <td>ANSWER. . . . 18</td> </tr> <tr> <td>HEART DISEASE .9</td> <td>LIVER</td> <td>OTHER (SPEC.) . 19</td> </tr> <tr> <td></td> <td>DISEASE. . . 14</td> <td></td> </tr> </table>		MALARIA1	HIGH BLOOD	SEXUALLY	MEASLES2	PRESSURE OR	TRANSMITTED	DIARRHEA. . . .3	CIRCULATORY	DISEASE 15	PNEUMONIA . . .4	PROBLEM. . . 10	DIABETES	MENINGITIS. . .5	STROKE. . . . 11	COMPLICATION. 16	MALNUTRITION. .6	CANCER. . . . 12	DOES NOT KNOW. 17	TUBERCULOSIS. .7	KIDNEY	REFUSED TO	HIV/AIDS. . . .8	DISEASE. . . 13	ANSWER. . . . 18	HEART DISEASE .9	LIVER	OTHER (SPEC.) . 19		DISEASE. . . 14	
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7. Was this cause of death diagnosed by a health care professional? Yes..... 1 No..... 2 >> Q9																															
8. Who diagnosed this condition? []																															
1 = Doctor	3 = Clinical worker																														
2 = Nurse	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..... 1 No..... 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 1 At intervals..... 2 Other, specify: 3
13.	What was the place of death?	Home..... 1 >> Q15 Hospital..... 2 Clinic..... 3 Other, specify 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..... 1 No..... 2 >> Q18
16.	How long did the period with fevers last?	Days..... [] [] Months..... [] [] Years..... [] []
17.	Was the fever continuous or at interval?	Continuous 1 At intervals..... 2
18.	Did s/he suffer from weight loss?	Yes..... 1 No..... 2 >> Q20
19.	What was the degree of weight loss?	Little weight loss..... 1 A lot of weight loss..... 2
20.	Did s/he have diarrhea?	Yes..... 1 No..... 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 1 At intervals..... 2
23.	Did [...] have a rash?	Yes..... 1 No..... 2 >> Q25
24.	For how long did [...] have a rash?	Days..... [] [] Months..... [] []

MORTALITY QUESTIONNAIRE STATUS

25. Interviewer:

a. Name/Initials _____ b. ID: |_|_|_|_|

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

26. Supervisor:

a. Name/Initials _____ b. ID: |_|_|_|_|

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

27. DE:

a. Name/Initials _____ b. ID: |_|_|_|_|

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

INTERVIEWER OBSERVATIONS/NOTES