

MTM MORTALITY QUESTIONNAIRE HHR3

1. Respondent ID Information

- a. Respondent ID Number (7, or 8 digits if spouse): [][][][][][][][] []
- 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?

[] >> Q25
 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: []

ILLNESS CODES

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	

7. Was this cause of death diagnosed by a health care professional?

Yes..... 1
No..... 2 >> Q9

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