

TAZAMA VERBAL AUTOPSY QUESTIONNAIRE 1

DEATH OF A CHILD AGED UNDER 4 WEEKS

ID/CONTROL/REFERENCE NUMBER

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| SECTION 1.1 INTERVIEWER VISITS | | | | | | | | | | | | | | |
|--|--|--------------------------|--|---|------------------------------------|---------------|------------------------------------|--|------------------------|-----------------------------------|------------------------|-----------|-----------------------------------|--|
| | 1 | 2 | 3 | FINAL VISIT | | | | | | | | | | |
| DATE | _____ | _____ | _____ | DAY MONTH YEAR 2 0 | | | | | | | | | | |
| INTERVIEWER'S NAME | _____ | _____ | _____ | INT. NUMBER | | | | | | | | | | |
| RESULT* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RESULT | | | | | | | | | | |
| NEXT VISIT: DATE TIME | _____ _____ | _____ _____ | | TOTAL NUMBER OF VISITS | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1 COMPLETED</td> <td style="width: 25%;">2 NOT AT HOME</td> <td style="width: 25%;">3 POSTPONED</td> <td style="width: 25%;">4 REFUSED</td> </tr> <tr> <td>5 PARTLY COMPLETED</td> <td>6 NO APPROPRIATE RESPONDENT FOUND</td> <td>7 OTHER _____</td> <td>(SPECIFY)</td> </tr> </table> | | | | | 1 COMPLETED | 2 NOT AT HOME | 3 POSTPONED | 4 REFUSED | 5 PARTLY COMPLETED | 6 NO APPROPRIATE RESPONDENT FOUND | 7 OTHER _____ | (SPECIFY) | | |
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| 5 PARTLY COMPLETED | 6 NO APPROPRIATE RESPONDENT FOUND | 7 OTHER _____ | (SPECIFY) | | | | | | | | | | | |
| NAME _____ DATE _____ | SUPERVISOR | NAME _____ DATE _____ | FIELD EDITOR | OFFICE EDITOR | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;">KEYED BY </td> </tr> </table> | | | | | | | | KEYED BY | | | | | | |
| | | | KEYED BY | | | | | | | | | | | |
| SECTION 1.2 ADDITIONAL DEMOGRAPHIC INFORMATION (FOR USE IN SAMPLE VITAL REGISTRATION OR DEMOGRAPHIC SURVEILLANCE SITE) | | | | | | | | | | | | | | |
| VILLAGE NAME _____ SUBVILLAGE NAME _____ BALOZI NAME _____ NAME OF THE DECEASED _____ | <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">VILLAGE NUMBER</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>SUB VILLAGE NUMBER</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>BALOZI NUMBER</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>HOUSEHOLD NUMBER</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>LINE NUMBER OF THE DECEASED</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | VILLAGE NUMBER | | SUB VILLAGE NUMBER | | BALOZI NUMBER | | HOUSEHOLD NUMBER | | LINE NUMBER OF THE DECEASED | |
| VILLAGE NUMBER | | | | | | | | | | | | | | |
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| BALOZI NUMBER | | | | | | | | | | | | | | |
| HOUSEHOLD NUMBER | | | | | | | | | | | | | | |
| LINE NUMBER OF THE DECEASED | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">RESIDENT IN ENUMERATION AREA</td> <td style="width: 5%;">1</td> </tr> <tr> <td>BODY BROUGHT HOME FOR BURIAL</td> <td>2</td> </tr> <tr> <td>HOME-COMING SICK</td> <td>3</td> </tr> </table> | | | | | RESIDENT IN ENUMERATION AREA | 1 | BODY BROUGHT HOME FOR BURIAL | 2 | HOME-COMING SICK | 3 | | | | |
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| BODY BROUGHT HOME FOR BURIAL | 2 | | | | | | | | | | | | | |
| HOME-COMING SICK | 3 | | | | | | | | | | | | | |
| SAMPLE INFORMED CONSENT STATEMENT | | | | | | | | | | | | | | |
| <p>Hello. My name is _____ and I am working with [TAZAMA]. We are collecting information on the causes of death in the community. We would very much appreciate your participation in this effort. 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 information-collection activity. Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. You may also stop the interview completely at any time without any consequences at all. However, we hope that you will participate in this survey since the results will help the government improve services for people.</p> <p>At this time, do you want to ask me anything about the purpose or content of this interview?</p> <p>May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END</p> | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|--|------|
| SECTION 2. BASIC INFORMATION ABOUT RESPONDENT | | | |
| 201 | RECORD THE TIME AT START OF INTERVIEW | HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> | |
| 202 | NAME OF THE RESPONDENT | _____ (NAME) | |
| 203 | What is your relationship to the deceased? | FATHER 1 MOTHER 2 SIBLING 4 OTHER RELATIVE 6 _____ (SPECIFY) NO RELATION 8 | |
| 204 | Did you live with the deceased in the period leading to her/his death? | YES 1 NO 2 | |
| SECTION 3. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH | | | |
| 301 | What was the name of the deceased? | _____ (NAME) | |
| 302 | Was the deceased female or male? | FEMALE 1 MALE 2 | |
| 303 | When was the deceased born? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 304 | How old was the deceased when s/he died? | AGE IN DAYS <input type="text"/> <input type="text"/> RECORD 98 IF NOT KNOWN | |
| 305 | When did s/he die? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 306 | Where did s/he die? | HOSPITAL 1 OTHER HEALTH FACILITY 2 HOME 3 TRADITIONAL HEALER 4 OTHER 6 _____ (SPECIFY) DON'T KNOW 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|--|---|-------------------|------|
| SECTION 4.1.COMMON KISWAHILI TERMS IN RESPONDENT OPEN HISTORY | | | |
| | Please,ring Yes or No to indicate whether the following terms ; were used by the respondent | | |
| 411 | Dawa za jadi/mitishamba | YES | NO |
| 412 | Degedege/mchango | YES | NO |
| 413 | Homa | YES | NO |
| 414 | Imani ya uchawi | YES | NO |
| 415 | Kichomi | YES | NO |
| 416 | Kifafa | YES | NO |
| 417 | Kikohozi | YES | NO |
| 418 | Kipindupindu | YES | NO |
| 419 | Kisukari | YES | NO |
| 420 | Kitovu kutokwa na usaha/damu | YES | NO |
| 421 | Kuharisha | YES | NO |
| 422 | Kukatwa mapanga | YES | NO |
| 423 | Kupigwa | YES | NO |
| 424 | Kushikwa ugoni | YES | NO |
| 425 | Kutoa mimba | YES | NO |
| 426 | Kutokwa na damu puani,mdomoni,sehemu ya haja kubwa n.k | YES | NO |
| 427 | Kuvimba tezi | YES | NO |
| 428 | Majipu | YES | NO |
| 429 | Manjano | YES | NO |
| 430 | Mapigo ya moyo kwenda mbio | YES | NO |
| 431 | Matatizo ya figo | YES | NO |
| 432 | Matatizo ya ini | YES | NO |
| 433 | Matatizo ya tumbo | YES | NO |
| 434 | Maumivu ya kifua | YES | NO |
| 435 | Maumivu ya kichwa | YES | NO |
| 436 | Miguu kuvimba | YES | NO |
| 437 | Miguu kuwaka moto | YES | NO |
| 438 | Mitego | YES | NO |
| 439 | Mkanda wa jeshi | YES | NO |
| 440 | Pombe | YES | NO |
| 441 | Saratani | YES | NO |
| 442 | TB | YES | NO |
| 443 | Ugonjwa wa kisasa/ugonjwa wa vijana/UKUMWI | YES | NO |
| 444 | Upele | YES | NO |
| 445 | Upungufu wa damu | YES | NO |
| 446 | Vidonda mdomoni | YES | NO |
| 447 | Kutapika | YES | NO |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------------------------|-----|----|----|------------------------|---|---|---|------------------------------|---|---|---|----------------|---|---|---|------------------------|---|---|---|--|---|---|---|----------------|---|---|---|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| SECTION 5. PREGNANCY HISTORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 501 | I would like to ask you some questions concerning the mother and symptoms that the deceased had/showed at birth and shortly after. Some of these questions may not appear to be directly related to the baby's death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the deceased had. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 502 | Was this mother's first birth? | YES 1 NO 2 DON'T KNOW 8 | → 505 → 503 → 503 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 503 | How many previous livebirths? | NUMBER OF LIVEBIRTHS <input type="text"/> DON'T KNOW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 504 | How many previous stillbirths? | NUMBER OF STILL BIRTHS <input type="text"/> DON'T KNOW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 505 | How many months was the pregnancy when the baby was born? | MONTHS <input type="text"/> DON'T KNOW 98 | → 510 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 506 | Did the pregnancy end earlier than expected? | YES 1 NO 2 DON'T KNOW 98 | → 508 → 510 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 507 | How many weeks before the expected date of delivery? | WEEKS <input type="text"/> DON'T KNOW 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 508 | Did the pregnancy end later than expected? | YES 1 NO 2 DON'T KNOW 98 | → 510 → 510 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 509 | How many weeks after the expected date of delivery? | WEEKS <input type="text"/> DON'T KNOW 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 510 | During the pregnancy did the mother suffer from any of the following known illnesses: | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>1 High blood pressure?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>2 Heart disease?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>3 Diabetes?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>4 Epilepsy/convulsion?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>5 Did she suffer from any other medically diagnosed illness?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> <p>(SPECIFY) ↓</p> | | YES | NO | DK | 1 High blood pressure? | 1 | 2 | 8 | 2 Heart disease? | 1 | 2 | 8 | 3 Diabetes? | 1 | 2 | 8 | 4 Epilepsy/convulsion? | 1 | 2 | 8 | 5 Did she suffer from any other medically diagnosed illness? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 High blood pressure? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Heart disease? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Diabetes? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Epilepsy/convulsion? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Did she suffer from any other medically diagnosed illness? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 511 | During the last 3 months of pregnancy did the mother suffer from any of the following illnesses: | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01 Vaginal bleeding?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>02 Smelly vaginal discharge?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>03 Puffy face?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>04 Headache?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>05 Blurred vision?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>06 Convulsion?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>07 Febrile illness?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>08 Severe abdominal pain that was not labor pain?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>09 Pallor and shortness of breath (both present)?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>10 Did she suffer from any other illness?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> <p>(SPECIFY) ↓</p> | | YES | NO | DK | 01 Vaginal bleeding? | 1 | 2 | 8 | 02 Smelly vaginal discharge? | 1 | 2 | 8 | 03 Puffy face? | 1 | 2 | 8 | 04 Headache? | 1 | 2 | 8 | 05 Blurred vision? | 1 | 2 | 8 | 06 Convulsion? | 1 | 2 | 8 | 07 Febrile illness? | 1 | 2 | 8 | 08 Severe abdominal pain that was not labor pain? | 1 | 2 | 8 | 09 Pallor and shortness of breath (both present)? | 1 | 2 | 8 | 10 Did she suffer from any other illness? | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 Vaginal bleeding? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 Smelly vaginal discharge? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 Puffy face? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 Headache? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 Blurred vision? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 Convulsion? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 Febrile illness? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 Severe abdominal pain that was not labor pain? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 Pallor and shortness of breath (both present)? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Did she suffer from any other illness? | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 512 | Was the child a single or multiple birth? | SINGLETON 1 TWIN 2 TRIPLER OR MORE 3 DON'T KNOW 98 | → 601 → 601 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 513 | What was the birth order of the child that died? | FIRST 1 SECOND 2 THIRD OR HIGHER 3 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| SECTION 7. CONDITION OF THE BABY SOON AFTER BIRTH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 701 | At birth what was the size of the baby? | SMALLER THAN NORMAL 1 NORMAL 2 LARGER THAN NORMAL 3 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 702 | Was the baby premature? | YES 1 NO 2 DON'T KNOW 8 | → 704 → 704 | | | | | | | | | | | | | | | | | | | | | | | | |
| 703 | How many months or weeks along was the pregnancy? INDICATE PERIOD OF PREGNANCY | MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 9 9 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 704 | What was the birth weight of the baby? | KILOGRAMS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 9 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 705 | Was anything applied to the umbilical cord stump after birth? | YES 1 NO 2 DON'T KNOW 8 | → 707 → 707 | | | | | | | | | | | | | | | | | | | | | | | | |
| 706 | What was applied? 1. Antiseptic 2. A clip 3. A string or piece of khanga 4. A cowdung 5. Other | <table style="width: 100%;"><thead><tr><th></th><th>YES</th><th>NO</th><th>DK</th></tr></thead><tbody><tr><td>1. Antiseptic</td><td>1</td><td>2</td><td>8</td></tr><tr><td>2. A clip</td><td>1</td><td>2</td><td>8</td></tr><tr><td>3. A string or piece of khanga</td><td>1</td><td>2</td><td>8</td></tr><tr><td>4. A cowdung</td><td>1</td><td>2</td><td>8</td></tr><tr><td>5. Other</td><td>1</td><td>2</td><td>8</td></tr></tbody></table> (SPECIFY) ↓ | | YES | NO | DK | 1. Antiseptic | 1 | 2 | 8 | 2. A clip | 1 | 2 | 8 | 3. A string or piece of khanga | 1 | 2 | 8 | 4. A cowdung | 1 | 2 | 8 | 5. Other | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Antiseptic | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. A clip | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. A string or piece of khanga | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. A cowdung | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Other | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 707 | Were there any signs of injury or broken bones? | YES 1 NO 2 DON'T KNOW 8 | → 709 → 709 | | | | | | | | | | | | | | | | | | | | | | | | |
| 708 | On what part of the body were the marks? 1. Head and/or neck 2. Upper and/or lower limbs 3. Trunk 4. Others | <table style="width: 100%;"><thead><tr><th></th><th>YES</th><th>NO</th><th>DK</th></tr></thead><tbody><tr><td>1. Head and/or neck</td><td>1</td><td>2</td><td>8</td></tr><tr><td>2. Upper and/or lower limbs</td><td>1</td><td>2</td><td>8</td></tr><tr><td>3. Trunk</td><td>1</td><td>2</td><td>8</td></tr><tr><td>4. Others</td><td>1</td><td>2</td><td>8</td></tr></tbody></table> (SPECIFY) ↓ | | YES | NO | DK | 1. Head and/or neck | 1 | 2 | 8 | 2. Upper and/or lower limbs | 1 | 2 | 8 | 3. Trunk | 1 | 2 | 8 | 4. Others | 1 | 2 | 8 | | | | | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Head and/or neck | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Upper and/or lower limbs | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Trunk | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Others | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 709 | Was there any sign of paralysis? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 710 | Did the baby have any malformation? | YES 1 NO 2 DON'T KNOW 8 | → 712 → 712 | | | | | | | | | | | | | | | | | | | | | | | | |
| 711 | What kind of malformation did the baby have? | SWELLING/DEFECT ON THE BACK 1 VERY LARGE HEAD 2 VERY SMALL HEAD 3 DEFECT OF LIP AND/OR PALATE 4 OTHER MALFORMATION 6 (SPECIFY) DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 712 | What was the color of the baby at birth? | NORMAL 1 PALE 2 BLUE 3 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 713 | Did the baby breathe after birth, even a little? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 714 | Was the baby given assistance to breathe? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 715 | Did the baby ever cry after birth, even a little? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 716 | Did the baby ever move, even a little? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|--|--|-------------------------|
| 717 | CHECK 713, 715, AND 716 FOR CODES 'NO': ALL THREE CODES 'NO': THE BABY DIDN'T BREATH, <input type="checkbox"/> THE BABY DIDN'T CRY, <input type="checkbox"/> THE BABY DIDN'T MOVE <input type="checkbox"/> | OTHER: <input type="checkbox"/> | →801 |
| 718 | If the baby did not cry, breathe or move, was it born dead? | YES 1 NO 2 DONT KNOW 8 | →801 →801 |
| 719 | Was the baby macerated, that is, showed signs of decay? | YES 1 NO 2 DONT KNOW 8 | →1001 →1001 →1001 |
| SECTION 8. HISTORY OF INJURIES/ACCIDENTS | | | |
| 801 | Did the baby suffer from any injury or accident that led to her/his death? | YES 1 NO 2 DONT KNOW 8 | →804 →804 |
| 802 | What kind of injury or accident did the baby suffer? | ROAD TRAFFIC ACCIDENT 01 FALL 02 DROWNING 03 POISONING 04 BURNS 05 VIOLENCE/ASSAULT 06 OTHER 96 (SPECIFY) DONT KNOW 98 | |
| 803 | Was the injury or accident intentionally inflicted by someone else? | YES 1 NO 2 DONT KNOW 8 | |
| 804 | Did the baby suffer from any animal/insect bite that led to her/his death? | YES 1 NO 2 DONT KNOW 8 | →806 →806 |
| 805 | What type of animal/insect? | DOG 1 SNAKE 2 INSECT 3 OTHER 6 (SPECIFY) DONT KNOW 8 | |
| 806 | Did s/he have contact with any sick animal recently before death? | YES 1 NO 2 DONT KNOW 8 | →901 →901 |
| 807 | Type of animal | DOG 1 CHICKEN 2 PIG 3 OTHER 6 (SPECIFY) | |
| 808 | How many days after the contact did s/he die? | <1 DAY 1 1 - 7DAYS 2 >7 DAYS 3 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|--|---|--|----------------|
| SECTION 9. NEONATAL ILLNESS HISTORY | | | |
| 901 | Was the baby ever able to suckle or bottle-feed? | YES 1 NO 2 DONT KNOW 8 | → 905 → 905 |
| 902 | How soon after birth did the baby suckle or bottle-feed? | HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> DONT KNOW 9 9 8 | |
| 903 | Did the baby stop suckling or bottle-feeding? | YES 1 NO 2 DONT KNOW 8 | → 905 → 905 |
| 904 | How many days after birth did the baby stop suckling or bottle-feeding? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 905 | Was the breastfeeding exclusive? | YES 1 NO 2 DONT KNOW 8 | |
| 906 | Did the baby have convulsions? | YES 1 NO 2 DONT KNOW 8 | → 909 → 909 |
| 907 | How soon after birth did the convulsions start? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 908 | How long did convulsions last? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 909 | Did the baby become stiff and arched backwards? | YES 1 NO 2 DONT KNOW 8 | → 911 → 911 |
| 910 | How long did stiffness and arching last? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 911 | Did the child have bulging of the fontanelle? | YES 1 NO 2 DONT KNOW 8 | → 914 → 914 |
| 912 | How many days after birth did the bulging start? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 913 | How long did the bulging last? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 914 | Did the baby become unresponsive or unconscious? | YES 1 NO 2 DONT KNOW 8 | → 917 → 917 |
| 915 | How many days after birth did the baby become unresponsive or unconscious?' | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 916 | How many days did the unresponsiveness or unconsciousness last? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 917 | Did the baby have a fever? | YES 1 NO 2 DONT KNOW 8 | → 920 → 920 |
| 918 | How many days after birth did the fever start? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 919 | How long did the fever last? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|----------------|
| 920 | Did the baby become cold to the touch? | YES 1 NO 2 DONT KNOW 8 | → 923 → 923 |
| 921 | How many days after birth did the baby become cold to the touch? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 922 | How long did the cold last? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 923 | Did the baby have a cough? | YES 1 NO 2 DONT KNOW 8 | → 926 → 926 |
| 924 | How many days after birth did the baby start to cough? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 925 | How long did the cough last? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 926 | Did the baby have fast breathing? | YES 1 NO 2 DONT KNOW 8 | → 929 → 929 |
| 927 | How many days after birth did the baby start breathing fast? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 928 | How many days did the fast breathing last? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 929 | Did the baby have difficulty breathing? | YES 1 NO 2 DONT KNOW 8 | → 935 → 935 |
| 930 | How many days after birth did the baby start having difficulty in breathing? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 931 | How long did the difficult in breathing last? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 932 | Did the baby have chest indrawing? | YES 1 NO 2 DONT KNOW 8 | |
| 933 | Did the baby have grunting? DEMONSTRATE | YES 1 NO 2 DONT KNOW 8 | |
| 934 | Did the baby have flaring of the nostrils? | YES 1 NO 2 DONT KNOW 8 | |
| 935 | Did the baby have diarrhea? | YES 1 NO 2 DONT KNOW 8 | → 939 → 939 |
| 936 | How many days after birth did the baby start to have diarrhea | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 937 | When the diarrhea was most severe, how many times did the baby pass stools in a day? | NUMBER <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 938 | Was there blood in the stools? | YES 1 NO 2 DONT KNOW 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|--|--|------------------|
| 939 | Did the baby have vomiting? | YES 1 NO 2 DONT KNOW 8 | → 943 → 943 |
| 940 | How many days after birth did vomiting start? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 941 | When the vomiting was most severe, how many times did the baby vomit in a day? | NUMBER OF TIMES A DAY <input type="text"/> <input type="text"/> | |
| 942 | What was the color of the vomitus? | WATERY 1 YELLOW FLUID 2 COFEE-CLOURED FLUID 3 DONT KNOW 8 | |
| 943 | Did the baby have abdominal distension? | YES 1 NO 2 DONT KNOW 8 | → 947 → 947 |
| 944 | How many days after birth did the baby have abdominal distension? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 945 | How long did the abdominal distension last? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 946 | Did the baby have difficult in passing stool? | YES 1 NO 2 DONT KNOW 8 | |
| 947 | Did the baby have redness or discharge from the umbilical cord stump? | YES 1 NO 2 DONT KNOW 8 | |
| 948 | Did the baby have a pustular skin rash? | YES 1 NO 2 DONT KNOW 8 | |
| 949 | Did the baby have yellow palms or soles? | YES 1 NO 2 DONT KNOW 8 | → 952 → 952 |
| 950 | How many days after birth did the yellow palms or soles begin? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 951 | For how many days did the baby have yellow palms or soles? | DAYS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 952 | Did the baby have bleeding from the nose,mouth or anus? | YES 1 NO 2 DONT KNOW 8 | |
| SECTION 10. MOTHER'S HEALTH AND CONTEXTUAL FACTORS | | | |
| 1001 | What was the age of the mother at the time the baby died? | YEARS <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 1002 | Did the mother receive antenatal care? | YES 1 NO 2 DONT KNOW 8 | |
| 1003 | Did the mother receive tetanus toxoid (TT) vaccine? | YES 1 NO 2 DONT KNOW 8 | → 1005 → 1005 |
| 1004 | How many doses? | NUMBER OF DOSES <input type="text"/> <input type="text"/> DONT KNOW 9 8 | |
| 1005 | How is the mother's health now? | HEALTHY 1 ILL 2 NOT ALIVE 3 DONT KNOW 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | |
|--|---|--|------------------|-----|----|----|-------------------|---|---|---|--------------------|---|---|---|----------------------|---|---|---|--|
| SECTION 12 DATA ABSTRACTED FROM DEATH CERTIFICATE | | | | | | | | | | | | | | | | | | | |
| 1201 | Do you have a death certificate for the baby? | YES 1 NO 2 DON'T KNOW 8 | → 1301 → 1301 | | | | | | | | | | | | | | | | |
| 1202 | Can I see the death certificate? COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICATE. | DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | |
| 1203 | COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE. | DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | |
| 1204 | RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE: | | | | | | | | | | | | | | | | | | |
| 1205 | RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY): | | | | | | | | | | | | | | | | | | |
| 1206 | RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY): | | | | | | | | | | | | | | | | | | |
| 1207 | RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY): | | | | | | | | | | | | | | | | | | |
| SECTION 13 HOUSEHOLD ECONOMICS CARE AND SUPPORT | | | | | | | | | | | | | | | | | | | |
| 1301 | Was there any cost incurred on health care of the deceased? (including transport) | YES 1 NO 2 DON'T KNOW 8 | → 1304 → 1304 | | | | | | | | | | | | | | | | |
| 1302 | How much spent? (if DON'T KNOW PUT 9998) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | |
| 1303 | Who paid for the medical care? 1. This Household 2. Extended family 3. Friends/outsidars | <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>1. This Household</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>2. Extended family</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>3. Friends/outsidars</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | 1. This Household | 1 | 2 | 8 | 2. Extended family | 1 | 2 | 8 | 3. Friends/outsidars | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | |
| 1. This Household | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| 2. Extended family | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| 3. Friends/outsidars | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| 1304 | Was there any family member who moved into help and provided care? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |

| SECTION 14. DATA ABSTRACTED FROM OTHER HEALTH RECORDS | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| 1401 | OTHER HEALTH RECORDS AVAILABLE | YES 1 NO 2 → 1411 | | | | | | | | |
| 1402 | FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE. (RECORD INFORMATION ABOUT MOTHER AND STILLBORN DECEASED CHILD) | | | | | | | | | |
| 1403 | BURIAL PERMIT (CAUSE OF DEATH) _____ _____ | | | | | | | | | |
| 1404 | POST MORTEM RESULTS (CAUSE OF DEATH) _____ _____ | | | | | | | | | |
| 1405 | MCH/ANC CARD (RELEVANT INFORMATION) _____ _____ | | | | | | | | | |
| 1406 | HOSPITAL PRESCRIPTION (RELEVANT INFORMATION) _____ _____ | | | | | | | | | |
| 1407 | TREATMENT CARDS (RELEVANT INFORMATION) _____ _____ | | | | | | | | | |
| 1408 | HOSPITAL DISCHARGE (RELEVANT INFORMATION) _____ _____ | | | | | | | | | |
| 1409 | LABORATORY RESULTS (RELEVANT INFORMATION) _____ _____ | | | | | | | | | |
| 1410 | OTHER HOSPITAL DOCUMENTS SPECIFY: _____ _____ _____ | | | | | | | | | |
| 1411 | RECORD THE TIME AT THE END OF INTERVIEW | HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | |
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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____