

Study on Global Ageing and Adult Health 2007

Verbal Autopsy



Q0908a SAGE Household ID

Q0908b Interviewer ID

Q0908c Date of interview (DD/MM/YY) //

We wish to speak with the household member who best knew about the health and well-being of the deceased person(s) and the events leading to her/his death. Could you please tell who that is?

Q0908d Person (HH member) number from
SAGE roster for RESPONDENT

Time Begin: :

The following questions are about household members who have died in the last 2 years. This would have been someone – either related or unrelated – who was a household member at the time s/he died.

It is very important for planning purposes and for providing health care to know more information about why this person/these persons died. We know these questions may be difficult to answer, but we do hope you will continue. Please take any time you need and you are free to not answer questions. We would like to find out a bit of background information about the person and why she or he died. This form can be used to record details of up to four household members.

INTERVIEWER: complete one column for each person/household member who has died in the last 2 years.

Q0909a	Person (HH member) number of deceased (from SAGE HH roster)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Q0909b	Row number for deceased household member from WHS:	a. Person 1 Q04 _____	b. Person 2 Q04 _____	c. Person 3 Q04 _____	d. Person 4 Q04 _____
Q0910	What is your relationship to the deceased? 1= Parent (father/mother) 2= Spouse 3= Sibling (brother/sister) 4= Child 5= Other relative 6= No relation	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
Q0911	Did you live with the deceased in the period leading to death? 1=Yes; 2=No	1 2	1 2	1 2	1 2
Q0912	What was the name of the deceased?				
Q0913	What was the sex of the deceased? 1=Male; 2=Female	1 2	1 2	1 2	1 2
Q0914	Date of Birth of the deceased? DD/MM/YY	____/____/____	____/____/____	____/____/____	____/____/____
Q0915	What was the deceased's marital status at time of death? 1= NEVER MARRIED (AND NOT COHABITING) 2= MARRIED 3=SEPARATED 4=DIVORCED 5=WIDOWED 6=COHABITING 88=DON'T KNOW	1 2 3 4 5 6 88	1 2 3 4 5 6 88	1 2 3 4 5 6 88	1 2 3 4 5 6 88

		a. Person 1	b. Person 2	c. Person 3	d. Person 4
Q0916	What is the highest level of education the deceased completed? 1=No formal education 2=Less than primary school 3=Primary school completed 4=Secondary school completed 5=High school(or equivalent) completed 6=College/pre-university completed 7=Post graduate degree completed	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Q0917	What was her/his main occupation? <i>INTERVIEWER: Use same technique as in household questionnaire.</i>				
Q0918	What was her/his place of death? (Where did s/he die?) 1=Home; 2=Health Facility; 7=Other	1 2 7	1 2 7	1 2 7	1 2 7
Q0919	Date of Death DD/MM/YY	/ /	/ /	/ /	/ /
Respondent account of the events or illness leading to death					
Q0920	What do you think was the cause of death? <i>INTERVIEW: Write exactly as the respondent tells you.</i>				
Q0921	Previously diagnosed medical conditions: 1= Asthma; 2= Cancer; 3= Diabetes; 4= Heart disease; 5= HIV/AIDS; 6= Hypertension (high blood pressure); 7= Injury/violence; 8= Malaria; 9= Stroke; 10= Tuberculosis (TB); 11= Other infectious illness; and, 12= Other chronic illness. <i>INTERVIEWER: ASK ABOUT EACH CONDITION - If yes then circle the corresponding number</i>	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12

History of events leading to death

		a. Person 1	b. Person 2	c. Person 3	d. Person 4
Q0922	<p>History of events leading to death <i>Brief description of the events and time before the person's death. You can turn this page to write.</i></p> <p><i>Print clearly.</i></p>				

Verbal Autopsy - For each death recorded in Section B-2, answer the following questions.

I would like to ask you some questions concerning symptoms that the deceased had/showed when s/he was ill. These are symptoms in the time period leading to death. Some of these questions may not appear to be directly related to his/her 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.

Complete columns for all siblings

Interviewer: if the informant does not know how long – insert “88” for Don’t Know.

Symptoms noted during the final events or illness						
	Symptoms	a. Person 1	b. Person 2	c. Person 3	d. Person 4	
Q0930	Did s/he have fever? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0932</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter “00” and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0931	Was the fever...? 1=continuous; 2=on and off; 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	
Q0932	Was s/he breathless on light work? 1=Yes; 2=No	1 2	1 2	1 2	1 2	
Q0933	Was s/he breathless when lying flat - interfering with sleep? 1=Yes; 2=No	1 2	1 2	1 2	1 2	
Q0934	Did s/he have palpitations? 1=Yes; 2=No	1 2	1 2	1 2	1 2	
Q0935	Did s/he have wheezing? 1=Yes; 2=No	1 2	1 2	1 2	1 2	
Q0936	Did s/he have a cough? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0937</i>
	Q0936a. If yes, was the cough...? 1=dry; 2=productive; 3=with blood; 8=Don't know	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	
Q0937	Did s/he have chest pain? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0938</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter “00” and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	c. Was the pain localized near the sternum (middle of the chest bone)? 1=Yes; 2=No	1 2	1 2	1 2	1 2	
	d. Did the pain start...? 1=suddenly; 2=gradually; 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	

	Symptoms	a. Person 1	b. Person 2	c. Person 3	d. Person 4	
Q0938	Did s/he have diarrhoea? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0939</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	c. If yes, how many times a day?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	d. Did s/he have bloody diarrhoea? 1=Yes; 2=No	1 2	1 2	1 2	1 2	
Q0939	Did s/he have poor appetite? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0940</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0940	Did s/he complain of pain on swallowing? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0941</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0941	Did s/he have difficulty in swallowing? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0942</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0942	Did s/he have headache? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0943</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0943	Did s/he have blood in urine? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0944</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

	Symptoms	a. Person 1	b. Person 2	c. Person 3	d. Person 4	
Q0944	Did s/he have pain while passing urine? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0945</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0945	Was s/he unable to pass urine? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0946</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0946	Did s/he have to urinate many times in a day? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0947</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0947	Did s/he have a sensation of pins and needles in the feet? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0948</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0948	Did s/he have abdominal pain? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0949</i>
	a) If yes, was the pain...? 1=upper; 2=lower; 3=all over abdomen; 8=DK	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	

	Symptoms	a. Person 1	b. Person 2	c. Person 3	d. Person 4	
Q0949	Did s/he have abdominal distension? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0950</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	c. Did the distension start...? 1=suddenly within a few days; 2=gradually over the weeks; 8=DK	1 2 8	1 2 8	1 2 8	1 2 8	
Q0950	Did s/he vomit? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0951</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0951	Did s/he have a mass in the abdomen? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0952</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0952	Did s/he become mentally confused? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0953</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0953	Did s/he have loss of consciousness? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0954</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	c. Did s/he become unconscious...? 1= suddenly; 2= gradually as days went by; 8= DK	1 2 8	1 2 8	1 2 8	1 2 8	

	Symptoms	a. Person 1	b. Person 2	c. Person 3	d. Person 4	
Q0954	Was s/he paralysed on one side of the body? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0955</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0955	Did s/he have paralysis of both legs? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0956</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0956	Did s/he develop stiffness of the whole body? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0957</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0957	Did s/he have neck pain? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0958</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0958	Did s/he have fits? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0959</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	c. When it was severe, how many times did s/he have fits in a day?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF DECEASED WAS MALE.....→ SKIP TO Q0966						

	Symptoms	a. Person 1	b. Person 2	c. Person 3	d. Person 4	
Q0959	Did she have an ulcer or swelling in the breasts? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0960</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0960	Did she have excessive vaginal bleeding during her menstrual period? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0961</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0961	Did she have vaginal bleeding when she was not in her menstrual period? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0962</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	c. Did the bleeding persist until death?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0962	Did she have abnormal vaginal discharge? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0963</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0963	Was she pregnant? 1=Yes; 2=No; 8=DK	1 2	1 2	1 2	1 2	<i>If NO or DK, skip to Q0964</i>
	a. If yes, how many months pregnant was she? Months (MM)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

	Symptoms	a. Person 1	b. Person 2	c. Person 3	d. Person 4	
Q0964	Did she give birth recently? 1=Yes; 2=No; 8= Don't know	1 2 8	1 2 8	1 2 8	1 2 8	
	a. If yes, how many days before death?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Did she have excessive bleeding in the beginning of labour pains? 1=Yes; 2=No; 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	
	c. Did she have excessive bleeding during labour (before delivering the baby)? 1=Yes; 2=No; 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	
	d. Did she have difficulty in delivering the baby? 1=Yes; 2=No; 8=DK	1 2 8	1 2 8	1 2 8	1 2 8	
	e. Did she have difficulty in delivering the placenta? 1=Yes; 2=No; 8=DK	1 2 8	1 2 8	1 2 8	1 2 8	
	f. Did she have a prolonged labour? 1=Yes; 2=No; 8=DK	1 2 8	1 2 8	1 2 8	1 2 8	
	g. Did she have a caesarian operation for delivery? 1=Yes; 2=No; 8=DK	1 2 8	1 2 8	1 2 8	1 2 8	
	h. Did she have a forceps or vacuum delivery? 1=Yes; 2=No; 8=DK	1 2 8	1 2 8	1 2 8	1 2 8	
	i. Did she have too much bleeding after delivering the baby? 1=Yes; 2=No; 8=DK	1 2 8	1 2 8	1 2 8	1 2 8	
	j. How is the baby? 1=alive; 2=born dead; 3=died within 7 days of birth; 4=died after 7 days of birth; 5= twins, one died	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Q0965	Did she have an abortion recently? 1=Yes; 2=No; 8=DK	1 2 8	1 2 8	1 2 8	1 2 8	<i>If NO or DK, skip to Q0966</i>
	a) If yes, how many days before death?					

	Symptoms	a. Person 1	b. Person 2	c. Person 3	d. Person 4	
Q0966	Did s/he have ankle swelling? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0967</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0967	Did s/he have swelling of the joints? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0968</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0968	Did s/he have weight loss? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0969</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0969	Did s/he have mouth sores? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0970</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0970	Did s/he look pale? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0971</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0971	Did her/his lips grow darker in colour? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0972</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0972	Did s/he have any skin disease? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0973</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

	Symptoms	a. Person 1	b. Person 2	c. Person 3	d. Person 4	
Q0973	Did s/he have puffiness of the face? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0974</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0974	None					
Q0975	Did the eye colour change to yellow (jaundice)? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0976</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0976	Was s/he injured in a road accident? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0977</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0977	Did s/he suffer any other accidental injuries recently before death? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0978</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0978	Was s/he injured intentionally by someone? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0979</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0979	Did a dog bite her/him? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0980</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

	Symptoms	a. Person 1	b. Person 2	c. Person 3	d. Person 4	
Q0980	Did any other animal or insect bite her/him? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0981</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	c. If yes, what type of animal or insect? (print type)					
Q0981	Did s/he encounter any accidental poisoning (including alcohol poisoning)? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0982</i>
	a. How long? Months (MM) <i>Interviewer: if less than 1 month enter "00" and go to b.</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	b. Days (DD)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0982	Did s/he commit suicide? 1=Yes; 2=No; 8=DK	1 2 8	1 2 8	1 2 8	1 2 8	
Treatment and Health Service Use prior to death						
Q0983	Did a health care worker tell you the cause of death? 1=Yes; 2=No	1 2	1 2	1 2	1 2	<i>If NO, skip to Q0984</i>
	a. If yes, what did the health care worker say?					

	Symptoms	a. Person 1	b. Person 2	c. Person 3	d. Person 4																			
Q0984	Did the deceased use health care services before death? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8	If NO, skip to Q0986																		
Q0985	Health services used by the deceased during his/her illness in the period leading to death? <i>INTERVIEWER: Circle all that are relevant.</i>	1 7 13 2 8 14 3 9 15 4 10 16 5 11 17 6 12 88	1 7 13 2 8 14 3 9 15 4 10 16 5 11 17 6 12 88	1 7 13 2 8 14 3 9 15 4 10 16 5 11 17 6 12 88	1 7 13 2 8 14 3 9 15 4 10 16 5 11 17 6 12 88																			
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Q0985a	Did s/he get medicine here? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8																			
Q0985b	Was s/he given traditional medicine? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8																			
Q0985c	Was s/he given modern medicine? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8																			
Q0985d	Was s/he given medicine from family? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8																			
Q0985e	Was she given medicine from any government health facility? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8																			

Lifestyle and Behaviours						
Now we would like to ask a few questions about habits and behaviours, particularly about any use of tobacco or alcohol.						
	Symptoms	a. Person 1	b. Person 2	c. Person 3	d. Person 4	
Q0986	Had the deceased smoked, snuffed or chewed more than 100 cigarettes or 100 grams of tobacco in his/her whole life? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8	If NO, skip to Q0990
Q0987	Did the deceased smoke, snuff or chew during one month before death? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8	
Q0988	If no, how long had the deceased stopped smoking, snuffing or chewing before death? 1=1 month 2=2 to 6 months; 3=7 to 11 months; 4= 1 to 5 years; 5= more than 5 years; 8=don't know;	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	
Q0989	When the deceased smoked, snuffed or chewed, how many cigarettes or how much tobacco did he smoke/snuff/chew per day on average?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Q0990	Did the deceased drink alcohol? 1=yes; 2=no= 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8	If NO or DK, skip to Q0993
Q0991	Did the deceased drink alcohol within the month before death? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8	
Q0992	How often did the deceased usually drink? 1= every day 2= nearly every day 3= 4 to 5 times per week 4= once a week 5= 2 to 3 times per month 6= once a month 7=4 to 5 times per year 8= don't know	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	

Data from Health Records						
Now we would like to ask you a few more questions about the cause of death of this person <i>[name]</i> . These specifics will be the last questions we ask.						
	Symptoms	a. Person 1	b. Person 2	c. Person 3	d. Person 4	
Q0993	Was a death certificate issued for this person? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8	<i>If NO or DK, skip to Q0994</i>
	a. What was the cause of death listed on the death certificate?					
Q0994	Was a burial permit issued for this person? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8	<i>If NO or DK, skip to Q0995</i>
	a. What was the cause of death listed on the burial permit?					
Q0995	Was an autopsy performed? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8	<i>If NO or DK, skip to Q0996</i>
	a. What was the cause of death listed on the burial permit? (What were the post-mortem results?)					
Q0996	a. Did the deceased have an MCH/ANC card? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8	
	b. Did the deceased have a hospital prescription form? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8	
	c. Did the deceased have a treatment cards? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8	
	d. Did the deceased have a hospital discharge form? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8	<i>If NO, skip to Q0996f</i>
	e. if yes to 'd', what diagnosis was listed (i.e. reason for death)?					
	f. Did the deceased have any other hospital documents? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8	
	g. Did the deceased have any laboratory or cytology results? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8	

	Symptoms	a. Person 1	b. Person 2	c. Person 3	d. Person 4	
Q0997	Did a health care worker tell you the cause of death? 1=yes; 2=no; 8=don't know	1 2 8	1 2 8	1 2 8	1 2 8	If NO or DK, Skip to next person or skip to next section
	a. What did the health care worker tell you was the cause of death?					

Time End: :

This completes the household section of our survey. Thank you for your time and answers. We will now interview /select one member of your household to continue with the Individual Questionnaire.
INTERVIEWER: If respondent for household survey is less than 50 years of age

This completes the household section of our survey. Thank you for your time and answers. We will now interview an older member of your household.

INTERVIEWER: If respondent for household survey is 50 years of age or older - continue with individual Q.

This completes the household section of our survey. Thank you for your time and answers. We have a second set of questions to ask you in a moment, which focus more on your own health.