**Questionnaire for the death of a child aged 28 days to 11 years**

**Instructions for use of the tool**

Questions to be read to the respondent are in bold. 
[Questions that are NOT to be read to respondent are in brackets.]

Hints to the interviewer are in italic text below relevant questions. These are only hints for the interviewer and are NOT to be read to respondents.

<table>
<thead>
<tr>
<th>ID</th>
<th>Question</th>
<th>Answer(s)</th>
<th>Skip To</th>
<th>Programming Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1001</td>
<td>Can we take your blood pressure?</td>
<td>1. Yes&lt;br&gt;2. No</td>
<td>→ 1005</td>
<td></td>
</tr>
<tr>
<td>1002</td>
<td>[Record systolic blood pressure (left arm – sitting) of the respondent.]</td>
<td>mmHg __ __ __</td>
<td></td>
<td>[80:250]</td>
</tr>
<tr>
<td>1003</td>
<td>[Record diastolic blood pressure (left arm – sitting) of the respondent.]</td>
<td>mmHg __ __ __</td>
<td></td>
<td>[40:180]</td>
</tr>
<tr>
<td>1004</td>
<td>[Record heart rate of the respondent.]</td>
<td>Beats per minute __ __ __</td>
<td></td>
<td>[40:200]</td>
</tr>
<tr>
<td>1005</td>
<td>We would like to confirm that we are at the correct house for the study.</td>
<td>Text</td>
<td></td>
<td>alphabetic, Min_length[3]</td>
</tr>
<tr>
<td></td>
<td>Can you give me the name of the head of the household?</td>
<td><strong>Record the head's full name.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1006</td>
<td>What is her/his sex?</td>
<td>1. Male&lt;br&gt;2. Female</td>
<td></td>
<td>Select- only one</td>
</tr>
<tr>
<td>1007</td>
<td>How old is (s)he in completed years?</td>
<td>Years __ __</td>
<td></td>
<td>[18:99]</td>
</tr>
<tr>
<td></td>
<td>Record the head's age as of his/her last birthday. Record ‘99’ if don’t</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>know the age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1008</td>
<td>[Is the head of the household the same person as previously recorded?]</td>
<td>1. Yes&lt;br&gt;2. No</td>
<td>→ End the Interview</td>
<td>Display head’s name, sex, and age from enumeration database above the Yes and No options</td>
</tr>
<tr>
<td></td>
<td>Name should match phonetically, sex must match, and age should be within</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 years.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1009</td>
<td>What is the first name of the oldest child below age 18 years who lives</td>
<td>Text&lt;br&gt;- No children in the household</td>
<td>→ 1013</td>
<td>alphabetic, Min_length[3]</td>
</tr>
<tr>
<td></td>
<td>here?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1010</td>
<td>What is the child’s sex?</td>
<td>1. Male&lt;br&gt;2. Female</td>
<td></td>
<td>Select- only one</td>
</tr>
<tr>
<td>1011</td>
<td>How old is the child?</td>
<td>Years __ __</td>
<td></td>
<td>[0:17]</td>
</tr>
<tr>
<td>1012</td>
<td>[Does the above child match one of the children previously recorded for this household?]</td>
<td>1. Yes 2. No</td>
<td>→ 1014</td>
<td>Display list of the name, sex, and age (with units) of all children below age 18 from enumeration database above the Yes and No options. If none, display “No children in the household enumeration”</td>
</tr>
<tr>
<td>1013</td>
<td>[Can you confirm that there are no children in the household?]</td>
<td>1. Yes 2. No</td>
<td>→ End the Interview</td>
<td>Display list of the name, sex, and age (with units) of all children below age 18 from enumeration database above the Yes and No options. If none, display “No children in the household enumeration”</td>
</tr>
</tbody>
</table>

I would like to tell you more about the study and obtain your consent. [Read the consent form to the family and obtain a signature on screen.]

| 1014 | [Did the respondent give consent?] | 1. Yes 2. No | → End the Interview | End the record |
| 1015 | Let’s start with some general questions about you. What is your name? | Text | alphabetic, Min_length[3] |
| 1016 | [Choose the respondent’s sex.] | 1. Male 2. Female | Select- only one |
| 1017 | How old are you? Record the respondent’s age as of his/her last birthday. Record ‘99’ if don’t know the age. | Years __ __ | [18:99] |
| 1018 | How is your current general health status? | 1. Excellent 2. Good 3. Fair 4. Poor | Select- only one |
| 1019 | Did you smoke tobacco within the last 5 years? | 1. Yes 2. No 9. Doesn’t know | → 1023 | Multi-select Skip is implemented if 1 is not chosen |
| 1020 | What was the method of tobacco use? Enter more than one if applicable. | 1. Cigarette 2. Other (specify) ______________________ | → 1022 | Multi-select Skip is implemented if 1 is not chosen |
| 1021 | How many cigarettes were consumed per day? | Number __ __ | → 1026 | [0:99] Skip is implemented if 2 is not chosen in Q1020 |
| 1022 | How many times did you use other tobacco products per day? | Number __ __ | [0:99] |
| 1023 | Did you normally drink alcohol at least once a week during most weeks in the last 5 years?  
*Use local term for alcohol.* | 1. Yes  
2. No  
9. Doesn’t know | → 2001  
→ 2001 |
| 1024 | What was the average number of days per week you drank? | Number __ __  
- Doesn’t know | [1:7] |
| 1025 | What type of alcohol was most commonly consumed? | 1. Local liquor  
2. Foreign liquor  
3. Beer  
9. Doesn’t know | Select- only one |

I would now like to ask you some detailed questions about any deaths that have occurred in the house in the last 3 years.

| 2001 | What was the first or given name(s) of the deceased? | Text | alphabetic, Min_length[3] |
| 2002 | What was the surname (or family name) of the deceased? | Text | alphabetic, Min_length[3] |
| 2003 | What was the sex of the deceased? | 1. Male  
2. Female | Select- only one  
Use to automatically replace “(s)he” or “his/her” in subsequent questions |
| 2004 | When was the deceased born? | 1. Day __ __  
2. Month __ __  
3. Year __ __ __ __ | 1- [1:31]  
2- [1:12]  
3- [2001:2019]  
Adjust according to survey date (data collected for death in last 3 years for baseline, or 1 year for main SRS follow-up, and birth date must be <12 years before that; if earlier, alert to use Adult form) |
<table>
<thead>
<tr>
<th>Year</th>
<th>Question</th>
<th>Options</th>
<th>Notes</th>
</tr>
</thead>
</table>
| 2005 | When did (s)he die?                                                                          | 1. Day ___ ___  
2. Month ___ ___  
3. Year ___ ___ ___ ___ | 1- [1:31]  
2- [1:12]  
3- [2015:2019]  
Configure year to accept 0-3 years before survey date;  
Death date > Birth date |
| 2006 | What is your/the respondent’s relationship to the deceased?                                   | 1. Parent  
2. Other family member  
3. Friend  
4. Health worker  
5. Public official  
6. Another relationship | Select- only one  
Options differ from adult form (does not include Child) |
| 2007 | Did you/the respondent live with the deceased in the period leading to her/his death?         | 1. Yes  
2. No |                                                                                                |
| 2008 | Where did the deceased die?                                                                  | 1. Hospital  
2. Other health facility  
3. Home  
4. On route to hospital or facility  
5. Other  
9. Doesn’t know | Select- only one |
| 2009 | What was the name of the father?                                                             | Text                                                                                             | alphabetic, Min_length[3] |
| 2010 | What was the name of the mother?                                                             | Text                                                                                             | alphabetic, Min_length[3] |
| 3001 | What do you (respondent) think the deceased died of?                                         | Text                                                                                             |                                                                     |
| 3002 | [Select the appropriate respondent’s cause of death from the drop-down menu]                | 1. Pneumonia/TB/asthma  
2. Diarrhoea  
3. Infections / typhoid / viral fever / jaundice / fever  
4. Injury/accident  
5. Measles  
6. Meningitis (brain fever)  
7. Malaria  
8. Nutritional/malnutrition  
10. Liver problem  
11. Cancer  
12. Other or unknown cause | Based on the respondent’s stated COD captured here, apply symptom sequence (found at end of the form) to determine the order of the questions in Sections 5-7 |
<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| 5001 Did (s)he suffer from any injury or accident that led to her/his death? | 1. Yes  
2. No  
9. Doesn’t know | → 6002  
→ 6002 |
| 5002 What was the nature of the injury or accident? | 1. Road traffic accident  
2. Non-road transport accident  
3. Drowning  
4. Fall  
5. Injury by falling object / blunt force  
6. Pesticide poisoning  
7. Other poisoning  
8. Hanging  
10. Electrocution  
11. Burns/fire  
12. Injured by a firearm  
13. Bite or sting  
14. Stabbed/cut/pierced  
15. Strangled  
16. Flood  
17. Earthquake  
18. Other  
99. Doesn’t know | → 5007  
→ 5009  
→ 6002  
→ 6002 |
| 5003 Was (s)he subject to violence (homicide, abuse)? | 1. Yes  
2. No  
9. Doesn’t know |
| 5004 Was the injury accidental? | 1. Yes  
2. No  
9. Doesn’t know | → 6002 |
| 5005 Was the injury intentionally inflicted by someone else? | 1. Yes  
2. No  
9. Doesn’t know | → 6002 |
| 5006 What was her/his role in the road traffic accident? | 1. Pedestrian  
2. Driver or passenger in car or light vehicle  
3. Driver or passenger in bus or heavy vehicle  
4. Driver or passenger on a motorcycle  
5. Driver or passenger on a pedal cycle  
6. Other  
9. Doesn’t know | Select- only one |

Multi-select  
8. Hanging option enabled only for age ≥10 years  
Skips are implemented if only skip options are selected; if more than one skip option is selected, skip to the question that is numerically first (e.g. if 1 and 13 are selected, skip to 5007)
<table>
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<tr>
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<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5008 What was the counterpart that was hit during the road traffic accident?</strong></td>
<td>1. Pedestrian 2. Stationary object 3. Car or light vehicle 4. Bus or heavy vehicle 5. Motorcycle 6. Pedal cycle 7. Other 9. Doesn’t know</td>
<td>→ All: 6002 Skip is implemented if 13 was not chosen in Q5002</td>
</tr>
<tr>
<td><strong>5009 What was the animal/insect?</strong></td>
<td>1. Dog 2. Snake 3. Insect or scorpion 4. Other 9. Doesn’t know</td>
<td>Select- only one</td>
</tr>
<tr>
<td><strong>6002 Before the illness that led to death, was the child growing normally?</strong></td>
<td>1. Yes 2. No 9. Doesn’t know</td>
<td>Question wording differs from neonate form (“child” instead of “baby”)</td>
</tr>
<tr>
<td><strong>6004 For how long was (s)he ill before death?</strong></td>
<td>1. Days __ __ 2. Months __ __ - Doesn’t know</td>
<td>Days,Months=&lt;Age at Death Select 1- [0:30] 2- [1:12]</td>
</tr>
<tr>
<td><strong>6005 Did (s)he die suddenly?</strong></td>
<td>1. Yes 2. No 9. Doesn’t know</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Question wording differs from neonate form (“child” instead of “baby”).*
<table>
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<tr>
<th>Question</th>
<th>Options</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Was an HIV test ever positive?                                          | 1. Yes  
2. No  
9. Doesn’t know                                                     |                                                                      |
| Did (s)he have a fever?                                                | 1. Yes  
2. No  
9. Doesn’t know                                                     | → 7007  
→ 7007                                                              |
| For how long did the fever last?                                        | 1. Days __ __  
2. Months __ __  
9. Doesn’t know                                                      | Days, Months = Age at Death  
Select  
1- [0:30]  
2- [1:60]                                                            |
| Did the fever continue until death?                                    | 1. Yes  
2. No  
9. Doesn’t know                                                     |                                                                      |
| How severe was the fever?                                              | 1. Mild  
2. Moderate  
3. Severe  
9. Doesn’t know                                                     | Select- only one                                                      |
| What was the pattern of the fever?                                     | 1. Continuous  
2. On and off  
3. Only at night  
9. Doesn’t know                                                     | Select- only one                                                      |
| Did (s)he have night sweats?                                           | 1. Yes  
2. No  
9. Doesn’t know                                                     |                                                                      |
| Did (s)he have a cough?                                                | 1. Yes  
2. No  
9. Doesn’t know                                                     | → 7015  
→ 7015                                                              |
| For how long did (s)he have a cough?                                  | 1. Days __ __  
2. Months __ __  
9. Doesn’t know                                                      | Days, Months = Age at Death  
Select  
1- [0:30]  
2- [1:60]                                                            |
| Was the cough productive, with sputum?                                 | 1. Yes  
2. No  
9. Doesn’t know                                                     |                                                                      |
| Was the cough very severe?                                             | 1. Yes  
2. No  
9. Doesn’t know                                                     |                                                                      |
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Did (s)he cough up blood?                                            | 1. Yes  
2. No  
9. Doesn’t know                                                   |                                                                      |
| Did (s)he make a whooping sound when coughing?                       | 1. Yes  
2. No  
9. Doesn’t know                                                   |                                                                      |
| Did (s)he have any difficulty breathing?                            | 1. Yes  
2. No  
9. Doesn’t know                                                   | → 7019                                                               |
| For how long did the difficult breathing last?                       | 1. Days ___ ___  
2. Months ___ ___  
3. Years ___ ___  
- Doesn’t know                                                           | Days, Months, Years = <Age at Death  
Select 1- [0:30]  
2- [1:11]                                                                |
| Was the difficulty continuous or on and off?                         | 1. Continuous  
2. On and off  
9. Doesn’t know                                                     | Select- only one                                                      |
| During the illness that led to death, did (s)he have fast breathing?| 1. Yes  
2. No  
9. Doesn’t know                                                   | → 7022                                                               |
| How long did the fast breathing last?                               | 1. Days ___ ___  
2. Months ___ ___  
- Doesn’t know                                                           | Select 1- [0:30]  
2- [1:60]                                                                |
| Did (s)he have breathlessness?                                       | 1. Yes  
2. No  
9. Doesn’t know                                                   | → 7027                                                               |
| How long did (s)he have breathlessness?                             | 1. Days ___ ___  
2. Months ___ ___  
- Doesn’t know                                                           | Days, Months = <Age at Death  
Select 1- [0:30]  
2- [1:60]                                                                |
| Did you see the lower chest wall/ribs being pulled in as the child breathed in? | 1. Yes  
2. No  
9. Doesn’t know                                                   |                                                                      |
| During the illness that led to death did his/her breathing sound like any of the following: | 1. Stridor  
2. Grunting  
3. Wheezing  
4. None of the above  
9. Doesn’t know | Select- only one                                                      |
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did (s)he have chest pain?</td>
<td>1. Yes &lt;br&gt;2. No &lt;br&gt;9. Doesn’t know &lt;br&gt;→ 7034 → 7034</td>
</tr>
<tr>
<td>How many days before death did (s)he have chest pain?</td>
<td>Days ___ ___ &lt;br&gt;- Doesn’t know &lt;br&gt;→ [0:30]</td>
</tr>
<tr>
<td>Did (s)he have more frequent loose or liquid stools than usual?</td>
<td>1. Yes &lt;br&gt;2. No &lt;br&gt;9. Doesn’t know &lt;br&gt;→ 7040 → 7040</td>
</tr>
<tr>
<td>Ask the respondent about his/her understanding of what is diarrhoea (having more frequent loose or liquid stools than usual); if unclear or wrong, explain to the respondent what diarrhoea is.</td>
<td></td>
</tr>
<tr>
<td>How long did (s)he have frequent loose or liquid stools?</td>
<td>1. Days ___ ___ &lt;br&gt;2. Months ___ ___ &lt;br&gt;- Doesn’t know &lt;br&gt;Select 1- [0:30] 2- [1:60]</td>
</tr>
<tr>
<td>Less than 1 day = ‘0’.</td>
<td></td>
</tr>
<tr>
<td>How many stools did the child have on the day that loose or liquid stools were most frequent?</td>
<td>No. of stools: ___ ___ &lt;br&gt;- Doesn’t know &lt;br&gt;[1:25] Question wording differs from neonate form (“child” instead of “baby”)</td>
</tr>
<tr>
<td>How long before death did the frequent loose or liquid stools start?</td>
<td>1. Days ___ ___ &lt;br&gt;2. Months ___ ___ &lt;br&gt;- Doesn’t know &lt;br&gt;Select 1- [0:30] 2- [1:60]</td>
</tr>
<tr>
<td>Less than 1 day = ‘0’.</td>
<td></td>
</tr>
<tr>
<td>Did the frequent loose or liquid stools continue until death?</td>
<td>1. Yes &lt;br&gt;2. No &lt;br&gt;9. Doesn’t know</td>
</tr>
<tr>
<td>At any time during the final illness was there blood in the stools?</td>
<td>1. Yes &lt;br&gt;2. No &lt;br&gt;9. Doesn’t know &lt;br&gt;→ 7042 → 7042</td>
</tr>
<tr>
<td>Was there blood in the stool up until death?</td>
<td>1. Yes &lt;br&gt;2. No &lt;br&gt;9. Doesn’t know</td>
</tr>
<tr>
<td>Did (s)he vomit?</td>
<td>1. Yes &lt;br&gt;2. No &lt;br&gt;9. Doesn’t know</td>
</tr>
</tbody>
</table>
| To clarify: Did (s)he vomit in the week preceding death?                | 1. Yes <br>2. No <br>9. Doesn’t know <br>→ 7047 → 7047                  | No skip if 1 was selected in Q7042
<table>
<thead>
<tr>
<th>Q</th>
<th>Question</th>
<th>Options</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>7045</td>
<td>Was there blood in the vomit?</td>
<td>1. Yes</td>
<td>2. No</td>
</tr>
<tr>
<td>7046</td>
<td>Was the vomit black?</td>
<td>1. Yes</td>
<td>2. No</td>
</tr>
</tbody>
</table>
| 7047| Did (s)he have any belly (abdominal) problem?                           | 1. Yes                   | 2. No                           | 9. Doesn’t know                                                              | → 7057  
|     | Explain to the respondent that problems could be pain,                 |                          |                                |                                                                             |   
|     | protruding abdomen or a mass.                                           |                          |                                |                                                                             |   
| 7048| Did (s)he have belly (abdominal) pain?                                  | 1. Yes                   | 2. No                           | 9. Doesn’t know                                                              | → 7052  
| 7049| Was the belly (abdominal) pain severe?                                  | 1. Yes                   | 2. No                           | 9. Doesn’t know                                                              |   
| 7050| For how long did (s)he have belly (abdominal) pain?                     | 1. Hours __ __           | 2. Days __ __                    | 3. Months __ __                                                               |   
|     | *Less than 1 day = ‘0’.*                                                 |                          |                                |                                                                             |   
|     | Days, Months=<Age at Death Select                                        |                          |                                |                                                                             |   
|     | 1- [0:24]                                                                |                          |                                |                                                                             |   
|     | 2- [1:30]                                                                |                          |                                |                                                                             |   
|     | 3- [1:60]                                                                |                          |                                |                                                                             |   
| 7051| Was the pain in the upper or lower belly (abdomen)?                      | 1. Upper abdomen         | 2. Lower abdomen                  | 3. Upper and lower abdomen                                                  | Select- only one |
|     |                                                                         |                          |                                |                                                                             | |
| 7052| Did (s)he have a more than usually protruding belly (abdomen)?           | 1. Yes                   | 2. No                           | 9. Doesn’t know                                                              | → 7055  
|     |                                                                         |                          |                                |                                                                             |   
| 7053| For how long before death did (s)he have a more than usually protruding belly (abdomen)? | 1. Days __ __           | 2. Months __ __                    | - Doesn’t know                                                              |   
|     | *Less than 1 day = ‘0’.*                                                 |                          |                                |                                                                             |   
| 7054| How rapidly did (s)he develop the protruding belly (abdomen)?            | 1. Rapidly               | 2. Slowly                        | 9. Doesn’t know                                                              |   
| 7055| Did (s)he have any mass in the belly (abdomen)?                          | 1. Yes                   | 2. No                           | 9. Doesn’t know                                                              | → 7057  
|     |                                                                         |                          |                                |                                                                             |   
|     |                                                                         |                          |                                |                                                                             |   

| 7056 | For how long did (s)he have a mass in the belly (abdomen)?  
Less than 1 day = ‘0’. | 1. Days ___  
2. Months ___ ___  
- Doesn’t know | Days, Months=<Age at Death  
Select  
1- [0:30]  
2- [1:60] |
| 7057 | Did (s)he have a severe headache? | 1. Yes  
2. No  
9. Doesn’t know |  |
| 7059 | Did (s)he have a stiff neck during illness that led to death? | 1. Yes  
2. No  
9. Doesn’t know | → 7061  
→ 7061 |
| 7060 | How long before death did (s)he have stiff neck?  
Less than 1 day = ‘0’. | 1. Days ___  
2. Months ___ ___  
- Doesn’t know | Days, Months=<Age at Death  
Select  
1- [0:30]  
2- [1:60] |
| 7061 | Did (s)he have a painful neck during the illness that led to death? | 1. Yes  
2. No  
9. Doesn’t know | → 7065  
→ 7065 |
| 7062 | How long before death did (s)he have a painful neck?  
Less than 1 day = ‘0’. | 1. Days ___  
2. Months ___ ___  
- Doesn’t know | Days, Months=<Age at Death  
Select  
1- [0:30]  
2- [1:60] |
| 7065 | Was (s)he unconscious during the illness that led to death? | 1. Yes  
2. No  
9. Doesn’t know | → 7070  
→ 7070 |
| 7066 | Was (s)he unconscious for more than 24 hours before death? | 1. Yes  
2. No  
9. Doesn’t know | → 7068  
→ 7068 |
| 7067 | How long before death did unconsciousness start?  
Less than 1 hour = ‘0’. | 1. Hours ___ ___  
2. Days ___ ___  
- Doesn’t know | Select  
1- [0:24]  
2- [1:99] |
| 7068 | Did the unconsciousness start suddenly, quickly (at least within a single day)? | 1. Yes  
2. No  
9. Doesn’t know |  |
| 7069 | Did the unconsciousness continue until death? | 1. Yes  
2. No  
9. Doesn’t know |  |
| 7070 | Did (s)he have convulsions? | 1. Yes  
2. No  
9. Doesn’t know | → 7074  
→ 7074 |
| 7071 | Did (s)he experience any generalized convulsions or fits during the illness that led to death? | 1. Yes  
2. No  
9. Doesn’t know |
| 7072 | For how many minutes did the convulsions last?  
Less than 1 minute = ‘0’. Use 1 hour=60 minutes to determine the number of minutes. | Minutes __ __  
- Doesn’t know [0:60] |
| 7073 | Did (s)he become unconscious immediately after the convulsion? | 1. Yes  
2. No  
9. Doesn’t know |
| 7074 | Did (s)he have any urinary problems?  
*Explain to the respondent that urinary problems refer to urinating a lot or not at all, and blood in the urine.* | 1. Yes  
2. No  
9. Doesn’t know  
→ 7079  
→ 7079 |
| 7075 | Did (s)he go to urinate more often than usual? | 1. Yes  
2. No  
9. Doesn’t know |
| 7076 | During the final illness did (s)he ever pass blood in the urine? | 1. Yes  
2. No  
9. Doesn’t know |
| 7077 | Did (s)he stop urinating? | 1. Yes  
2. No  
9. Doesn’t know |
| 7079 | Did (s)he have sores or ulcers anywhere on the body? | 1. Yes  
2. No  
9. Doesn’t know  
→ 7082  
→ 7082 |
| 7081 | Did the sores have clear fluid or pus? | 1. Yes  
2. No  
9. Doesn’t know |
| 7082 | Did (s)he have an ulcer (pit) on the foot? | 1. Yes  
2. No  
9. Doesn’t know  
→ 7085  
→ 7085 |
| 7083 | Did the ulcer on the foot ooze pus? | 1. Yes  
2. No  
9. Doesn’t know  
→ 7085  
→ 7085 |
| 7084 | How long did the ulcer on the foot ooze pus?  
*Less than 1 day = ‘0’.* | 1. Days __ __  
2. Months __ __  
- Doesn’t know  
Select  
1- [0:30]  
2- [1:60] |
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Code 1</th>
<th>Code 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the illness that led to death, did (s)he have any skin rash?</td>
<td>1. Yes  2. No  9. Doesn’t know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| For how many days did (s)he have the skin rash?                         | Days ___ ___  
Less than 1 day = ‘0’.                                                    |        |        |
<p>| Where was the rash?                                                     | 1. Face  2. Trunk or abdomen  3. Extremities  4. Everywhere  9. Doesn’t know | Multi-select |        |
| Did (s)he have measles rash (use local term)?                           | 1. Yes  2. No  9. Doesn’t know                                           |        |        |
| During the illness that led to death, did her/his skin flake off in patches? | 1. Yes  2. No  9. Doesn’t know                                           |        |        |
| During the illness that led to death, did (s)he have areas of the skin that turned black? | 1. Yes  2. No  9. Doesn’t know                                           |        |        |
| During the illness that led to death, did (s)he have areas of the skin with redness and swelling? | 1. Yes  2. No  9. Doesn’t know                                           |        |        |
| During the illness that led to death, did (s)he bleed from anywhere?    | 1. Yes  2. No  9. Doesn’t know                                           |        |        |
| Did (s)he bleed from the nose, mouth or anus?                           | 1. Yes  2. No  9. Doesn’t know                                           |        |        |
| Did (s)he have noticeable weight loss?                                  | 1. Yes  2. No  9. Doesn’t know                                           |        |        |
| Was (s)he severely thin or wasted?                                      | 1. Yes  2. No  9. Doesn’t know                                           |        |        |
| During the illness that led to death, did (s)he have a whitish rash inside the mouth or on the tongue? | 1. Yes  2. No  9. Doesn’t know                                           |        |        |</p>
<table>
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<tr>
<th>Question</th>
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<th>Notes</th>
</tr>
</thead>
</table>
| 7098 Did (s)he have stiffness of the whole body or was unable to open the mouth? | 1. Yes  
2. No  
9. Doesn’t know |                                                                       |
| 7100 Did (s)he have puffiness of the face?                                | 1. Yes  
2. No  
9. Doesn’t know | → 7102 Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]            |
| 7101 How long did (s)he have puffiness of the face?                       | 1. Days __ __  
2. Months __ __  
- Doesn’t know | Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]                  |
| 7102 During the illness that led to death, did (s)he have swollen legs or feet? | 1. Yes  
2. No  
9. Doesn’t know | → 7105 Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]            |
| 7103 How long did the swelling last?                                      | 1. Days __ __  
2. Months __ __  
- Doesn’t know | Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]                  |
| 7104 Did (s)he have both feet swollen?                                    | 1. Yes  
2. No  
9. Doesn’t know |                                                                       |
| 7105 Did (s)he have general puffiness all over his/her body?              | 1. Yes  
2. No  
9. Doesn’t know |                                                                       |
| 7106 Did (s)he have any lumps?                                           | 1. Yes  
2. No  
9. Doesn’t know | → 7111 Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]            |
| 7108 Did (s)he have any lumps on the neck?                                | 1. Yes  
2. No  
9. Doesn’t know |                                                                       |
| 7109 Did (s)he have any lumps on the armpit?                              | 1. Yes  
2. No  
9. Doesn’t know |                                                                       |
| 7110 Did (s)he have any lumps on the groin?                               | 1. Yes  
2. No  
9. Doesn’t know |                                                                       |
| 7111 Was (s)he in any way paralysed?                                     | 1. Yes  
2. No  
9. Doesn’t know | → 7114 Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]            |
<table>
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</table>
| Did (s)he have paralysis of only one side of the body?                   | 1. Yes  
2. No  
9. Doesn’t know                                                      |
| Which were the limbs or body parts paralysed?                           | 1. Right side  
2. Left side  
3. Lower part of body  
4. Upper part of body  
5. One leg only  
6. One arm only  
7. Whole body  
8. Other                                                                   |
| Which were the limbs or body parts paralysed?                           | Multi-select                                                           |
| Did (s)he have difficulty swallowing?                                  | 1. Yes  
2. No  
9. Doesn’t know                                                      |
| For how long before death did (s)he have difficulty swallowing?        | Days ___ ___  
- Doesn't know                                                      |
| For how long before death did (s)he have difficulty swallowing?        | [0:30]                                                                 |
| Was the difficulty with swallowing with solids, liquids, or both?      | 1. Solids  
2. Liquids  
3. Both  
9. Doesn’t know                                                      |
| Was the difficulty with swallowing with solids, liquids, or both?      | Select- only one                                                       |
| Did (s)he have pain upon swallowing?                                   | 1. Yes  
2. No  
9. Doesn’t know                                                      |
| Did (s)he have yellow discoloration of the eyes?                        | 1. Yes  
2. No  
9. Doesn’t know                                                      |
| For how long did (s)he have the yellow discoloration?                   | Days ___ ___  
- Doesn't know                                                      |
| Did (s)he have yellow discoloration of the eyes?                        | Days, Months=<Age at Death Select  
1- [0:30]  
2- [1:60]                                                            |
| For how long did (s)he have the yellow discoloration?                   | [0:30]                                                                 |
| Did her/his hair change in colour to a reddish or yellowish colour?    | 1. Yes  
2. No  
9. Doesn’t know                                                      |
| Did (s)he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds? | 1. Yes  
2. No  
9. Doesn’t know                                                      |
<table>
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<tr>
<th>Question</th>
<th>Options</th>
<th>Instructions</th>
</tr>
</thead>
</table>
| Did (s)he have sunken eyes?                                             | 1. Yes  
2. No  
9. Doesn’t know |                                                                                                                                                                                                              |
| Did (s)he drink a lot more water than usual?                            | 1. Yes  
2. No  
9. Doesn’t know |                                                                                                                                                                                                              |
| Was the baby able to suckle or bottle-feed within the first 24 hours    | 1. Yes  
2. No  
9. Doesn’t know | Enabled only for child <1 year  
Ask only if the child was <1 year old at death.                                                                                                                                                     |
| after birth?                                                            |                                                                                                                                                                                                              |
| Did the baby ever suckle in a normal way?                              | 1. Yes  
2. No  
9. Doesn’t know | Enabled only for child <1 year  
Ask only if the child was <1 year old at death.                                                                                                                                                     |
| Did the baby stop suckling?                                            | 1. Yes  
2. No  
9. Doesn’t know | Enabled only for child <1 year  
Ask only if the child was <1 year old at death.                                                                                                                                                     |
| How long after birth did the baby stop suckling?                       | 1. Days ___ ___  
2. Months ___ ___  
- Doesn’t know | Select  
1- [0:30]  
2- [1:11]  
Enabled only for child <1 year  
Ask only if the child was <1 year old at death.                                                                                                                                                     |
| Did the baby have convulsions starting within the first 24 hours of life | 1. Yes  
2. No  
9. Doesn’t know | Enabled only for child <1 year  
Ask only if the child was <1 year old at death.                                                                                                                                                     |
| Did the baby have convulsions starting more than 24 hours after birth?  | 1. Yes  
2. No  
9. Doesn’t know | Enabled only for child <1 year  
Ask only if the child was <1 year old at death.                                                                                                                                                     |
| Did the baby’s body become stiff, with the back arched backwards?      | 1. Yes  
2. No  
9. Doesn’t know | Enabled only for child <1 year  
Ask only if the child was <1 year old at death.                                                                                                                                                     |
| During the illness that led to death, did the baby have a bulging or    | 1. Yes  
2. No  
9. Doesn’t know | Enabled only for child ≤18 months  
Ask only if the child was ≤18 months old at death. Show photo (if available).                                                                                                                                 |
| raised fontanelle?                                                     |                                                                                                                                                                                                              |
| During the illness that led to death, did the baby have a sunken        | 1. Yes  
2. No  
9. Doesn’t know | Enabled only for child ≤18 months  
Ask only if the child was ≤18 months old at death. Show photo (if available).                                                                                                                                 |
| fontanelle?                                                            |                                                                                                                                                                                                              |
|   | During the illness that led to death, did the baby become unresponsive or unconscious?  
|   | *Ask only if the child was <1 year old at death.* | 1. Yes  
| 7134 | 2. No  
|   | 9. Doesn’t know | → 7209  
|   | → 7209 | Enabled only for child <1 year |
|   | Did the child become unresponsive or unconscious soon after birth, within less than 24 hours?  
|   | *Ask only if the child was <1 year old at death.* | 1. Yes  
| 7135 | 2. No  
|   | 9. Doesn’t know | → 7209 | Enabled only for child <1 year |
|   | Did the child become unresponsive or unconscious more than 24 hours after birth?  
|   | *Ask only if the child was <1 year old at death.* | 1. Yes  
| 7136 | 2. No  
|   | 9. Doesn’t know | Enabled only for child <1 year |
|   | How old was the child when the fatal illness started? | 1. Months __ __  
| 7209 | 2. Years __ __  
|   | - Doesn’t know | Select  
|   | 1- [1:11]  
|   | 2- [1:11] |
|   | Was the child part of a multiple birth?  
|   | *Ask only if the child was <1 year old at death. If two or more children are born at the same time, it is counted as a multiple birth, even if one or more of the babies are born dead.* | 1. Yes  
| 7210 | 2. No  
|   | 9. Doesn’t know | → 7212  
|   | → 7212 | Enabled only for child <1 year |
|   | Was the child the first, second, or later in the birth order?  
|   | *Ask only if the child was <1 year old at death.* | 1. First  
| 7211 | 2. Second or later  
|   | 9. Doesn’t know | Select- only one  
|   | Enabled only one | Enabled only for child <1 year |
|   | Is the mother still alive?  
|   | *If the mother is present at the interview, select ‘yes’ without asking the question aloud. Only read this question if the respondent is not the mother and if it is not yet known if the mother is alive.*  
|   | *Ask only if the child was <1 year old at death.* | 1. Yes  
| 7212 | 2. No  
|   | 9. Doesn’t know | → 7215  
|   | → 7215 | Enabled only for child <1 year |
|   | Did the mother die before, during or after the delivery?  
|   | *Ask only if the child was <1 year old at death.* | 1. Before delivery  
| 7213 | 2. During delivery  
|   | 3. After delivery  
|   | 9. Doesn’t know | → 7215  
|   | → 7215 | Enabled only for child <1 year |
|   | How long after the delivery did the mother die?  
|   | *Ask only if the child was <1 year old at death. If less than 24 hours, record ‘0’ days. If <1 week, record in days; if <2 months, record in weeks; if ≥ 2 months, record in completed months.* | 1. Days __  
| 7214 | 2. Weeks __  
|   | 3. Months __ __  
|   | - Doesn’t know | Select  
|   | 1- [0:6]  
|   | 2- [1:7]  
<p>|   | 3- [2:60] | Enabled only for child &lt;1 year |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Notes</th>
</tr>
</thead>
</table>
| **7215** Where was the deceased born?                                    | 1. Hospital  
2. Other health facility  
3. Home of the deceased  
4. On route to hospital or facility  
5. Other  
9. Doesn’t know | Select only one  
Enabled only for child <1 year |
| **7216** Did you/the mother receive professional assistance during the delivery? | 1. Yes  
2. No  
9. Doesn’t know | Enabled only for child <1 year  
If respondent’s sex (Q1016) is “female” and relationship to the deceased (Q2006) is “Parent”, use “you”; otherwise, use “the mother” |
| **7217** At birth, was the baby of usual size?                            | 1. Yes  
2. No  
9. Doesn’t know | → 7221  
Enabled only for child <1 year |
| **7218** At birth, was the baby smaller than usual (weighing under 2.5 kg)? | 1. Yes  
2. No  
9. Doesn’t know | → 7220  
→ 7220 |
| **7219** At birth, was the baby very much smaller than usual (weighing under 1 kg)? | 1. Yes  
2. No  
9. Doesn’t know | → All: 7221 |
| **7220** At birth, was the baby larger than usual (weighing over 4.5 kg)? | 1. Yes  
2. No  
9. Doesn’t know | |
| **7221** What was the weight (in grams) of the deceased at birth?         | Grams ___ ___ ___  
- Doesn’t know | [1000:5000]  
Enabled only for child <1 year |
| **7222** How many months long was the pregnancy before the child was born? | Months ___ ___  
- Doesn’t know | [6:10]  
Enabled only for child <1 year |
| **7223** Were there any complications in the late part of the pregnancy (defined as the last 3 months, before labour)? | 1. Yes  
2. No  
9. Doesn’t know | Enabled only for child <1 year |
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were there any complications during labour or delivery?</td>
<td>1. Yes 2. No 9. Doesn’t know</td>
<td>Enabled only for child &lt;1 year old</td>
</tr>
<tr>
<td>Ask only if the child was &lt;1 year old at death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was any part of the child physically abnormal at time of delivery?</td>
<td>1. Yes 2. No 9. Doesn’t know</td>
<td>→ 7229 Enabled only for child &lt;1 year old</td>
</tr>
<tr>
<td>(for example: body part too large or too small, additional growth on the body)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask only if the child was &lt;1 year old at death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the child have a swelling or defect on the back at time of birth?</td>
<td>1. Yes 2. No 9. Doesn’t know</td>
<td>→ 7229</td>
</tr>
<tr>
<td>Ask only if the child was &lt;1 year old at death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the baby/child have a very large head at time of birth?</td>
<td>1. Yes 2. No 9. Doesn’t know</td>
<td></td>
</tr>
<tr>
<td>Ask only if the child was &lt;1 year old at death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the baby/child have a very small head at time of birth?</td>
<td>1. Yes 2. No 9. Doesn’t know</td>
<td></td>
</tr>
<tr>
<td>Ask only if the child was &lt;1 year old at death.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many births, including stillbirths, did the baby's mother have before this baby?</td>
<td>Births __ __ 9. Doesn’t know</td>
<td>[0:20]</td>
</tr>
<tr>
<td>You said that [s]he had [list positive symptoms]. Which one occurred first? Second?</td>
<td>1. 2. 3. 4. 5. 6. 9. Doesn’t know</td>
<td>Enabled only if ‘1. Yes’ was selected for more than one symptom</td>
</tr>
<tr>
<td>[Continue until all symptoms have been put in order.]</td>
<td></td>
<td>All positive symptoms appear, and the program requests the surveyor to put them in chronological order – follow exact same approach as in current e-VA.</td>
</tr>
<tr>
<td>If ‘1’ was previously selected for only one symptom, do not ask this question. If respondent does not know the order, enter the symptoms in the order they were asked about.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thank you for the information. You mentioned that the deceased had some problems before death. Can you please tell me about any medical treatment that they received for these problems?</td>
<td>USE THIS SPACE to take notes on details of medical treatment that the deceased received during the illness that led to death, as well as any additional probing of positive symptoms during the narrative. For paper forms, refer to the reminders (attached separately) for additional information to probe for each positive symptom.</td>
<td>The format for the notes section is the same as in the current e-VA app.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>On left-hand side, summary of answers from probing of all positive symptoms appears in chronological order.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recording begins at the start of this section.</td>
</tr>
</tbody>
</table>
11002 | Narrative] Thank you for your information. Now can you please tell me in your own words about the events that led to the death? Using the notes, read out the organised history to the respondent and get his/her confirmation before writing it below. Excuse me for a few minutes while I write out what you have told me.

| 9001 | Did (s)he receive any treatment for the illness that led to death? | 1. Yes | 2. No | 9. Doesn’t know |
| 9002 | Did (s)he receive oral rehydration salts? | 1. Yes | 2. No | 9. Doesn’t know |
| 9003 | Did (s)he receive (or need) intravenous fluids (drip) treatment? | 1. Yes | 2. No | 9. Doesn’t know |
| 9004 | Did (s)he receive (or need) a blood transfusion? | 1. Yes | 2. No | 9. Doesn’t know |
| 9005 | Did (s)he receive (or need) treatment/food through a tube passed through the nose? | 1. Yes | 2. No | 9. Doesn’t know |
| 9006 | Did (s)he receive (or need) injectable antibiotics? | 1. Yes | 2. No | 9. Doesn’t know |

Minimum of 300 characters to be entered in the narrative text box

Recording ends after completion of this question.
| 9007 | Did (s)he receive (or need) antiretroviral therapy (ART)? | 1. Yes  
2. No  
9. Doesn’t know |  |
| 9008 | Did (s)he receive (or need) an operation for the illness? | 1. Yes  
2. No  
9. Doesn’t know | 9010  
9010 |
| 9009 | Did (s)he have the operation within 1 month before death? | 1. Yes  
2. No  
9. Doesn’t know |  |
| 9010 | Was (s)he discharged from the hospital very ill? | 1. Yes  
2. No  
9. Doesn’t know |  |
| 9011 | Did (s)he receive any immunizations? | 1. Yes  
2. No  
9. Doesn’t know | 9015  
9015 |
| 9012 | Do you have the child’s vaccination card? | 1. Yes  
2. No | 9015  
9015 |
| 9013 | Can I see the vaccination card?  
*If yes, take a picture.* | 1. Yes (take picture)  
2. No | 9015 (flagged)  
9015  
If 1, flag for central team to extract data from picture. |
| 9014 | [Select EPI vaccines done.] | 1. BCG  
2. DPT 1,2,3  
3. Hep B  
4. Hib  
5. Meningitis  
6. Penta 1,2,3  
7. Pneumo  
8. Polio 1,2,3  
10. Rota  
11. No vaccines  
99. Doesn’t know |  |
| 9015 | Was care sought outside the home while (s)he had this illness? | 1. Yes  
2. No  
9. Doesn’t know | 9018  
9018 |
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<th>Notes</th>
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</table>
| **9016** Where or from whom did you seek this care? Enter more than one if applicable. | 1. Traditional Healer  
2. Religious Leader  
3. Government Hospital  
4. Government Health centre or clinic  
5. Private Hospital  
6. Community-based practitioner associated with health system  
7. Trained Birth Attendant  
8. Private Physician  
9. Relative, friend (outside household)  
10. Pharmacy  
11. Doesn’t know | Multi-select                                                                |
| **9017** What was the name and address of any hospital, health centre or clinic where care was sought? | Text                                                                   |                                                                      |
| **9018** Did a health care worker tell you the cause of death?           | 1. Yes  
2. No  
9. Doesn’t know | → 9020  
9020                                                                   |
| **9019** What did the health care worker say?                            | Text                                                                   |                                                                      |
| **9020** Do you have any health records that belonged to the deceased?   | 1. Yes  
2. No  | → 9023 |
| **9021** Can I see the health records? If yes, take a picture.          | 1. Yes (take picture)  
2. No  | → 9023 (flagged)  
9023  |
|                                                                        | | If 1, flag question 9022 for central team to extract data from picture. |
| **9022** [Record the date of the most recent (last) visit to a health facility.] | 1. Day __ __  
2. Month __ __  
3. Year __ __ __ __  
- Doesn’t know | 1- [0:31]  
2- [1:12]  
3- [2013:2019]  
Date must fall between birth and death dates |
| **9023** Has the deceased’s (biological) mother ever been tested for HIV? | 1. Yes  
2. No  
9. Doesn’t know | If respondent’s sex (Q1016) is “Female” and relationship to the deceased (Q2006) is “Parent”, use “Have you”; otherwise, use “Has the deceased’s biological mother” |
| **9024** Has the deceased’s (biological) mother ever been told she had HIV/AIDS by a health worker? | 1. Yes  
2. No  
9. Doesn’t know | See note above |

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| In the final days before death, did (s)he (the deceased) travel to a hospital or health facility? | 1. Yes  
2. No  
9. Doesn’t know | → 9030  
→ 9030 |
| Did (s)he use motorised transport to get to the hospital or health facility? | 1. Yes  
2. No  
9. Doesn’t know |  |
| Were there any problems during admission to the hospital or health facility? | 1. Yes  
2. No  
9. Doesn’t know |  |
| Were there any problems with the way (s)he was treated (medical treatment, procedures, interpersonal attitudes, respect, dignity) in the hospital or health facility? | 1. Yes  
2. No  
9. Doesn’t know |  |
| Were there any problems getting medications or diagnostic tests in the hospital or health facility? | 1. Yes  
2. No  
9. Doesn’t know |  |
| Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased’s household? | 1. Yes  
2. No  
9. Doesn’t know |  |
| In the final days before death, were there any doubts about whether medical care was needed? | 1. Yes  
2. No  
9. Doesn’t know |  |
| In the final days before death, was traditional medicine used? | 1. Yes  
2. No  
9. Doesn’t know |  |
| In the final days before death, did anyone use a telephone or cell phone to call for help? | 1. Yes  
2. No  
9. Doesn’t know |  |
| Over the course of illness, did the total costs of care and treatment prohibit other household payments? | 1. Yes  
2. No  
9. Doesn’t know |  |
| [Is there a need to collect civil registration numbers on the deceased?] | 1. Yes  
2. No  
9. Doesn’t know | → 10001 |
| Do you have a death registration certificate?  
*If ‘Yes’, ask to see a certificate and take a picture.*** | 1. Yes (take picture)  
2. No | → 10001 (flagged)  
→ 10001 | If 1, flag questions 9037-9040 for central team to extract data from picture. |
| [Death registration number/certificate]  
*Enter “-“ if this information is not available.* | | |
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9039 [Place of registration]</td>
<td>Text</td>
<td></td>
</tr>
<tr>
<td>Enter a ‘-‘ if this information is not available.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9040 [National identification number of deceased]</td>
<td>SL ___ ___ ___ ___ ___ ___ ___ ___</td>
<td>8 digits or ‘-‘</td>
</tr>
<tr>
<td>For children with no ID number, use the mother’s ID. If mother’s ID is not available, use the father’s ID. If none, record ‘-‘.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10001 Was a death certificate issued?</td>
<td>1. Yes 2. No 9. Doesn’t know → 12001 → 12001</td>
<td></td>
</tr>
<tr>
<td>10002 Can I see the death certificate?</td>
<td>1. Yes (take picture) 2. No → 2001 (see note)</td>
<td>Add new deaths until the number of entries matches the enumeration database; questions 13003 and 13008-13018 are auto-populated for each death.</td>
</tr>
<tr>
<td>If yes, take a picture of the death certificate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12001 I would like to take your blood pressure again. [Record systolic blood pressure (left arm – sitting) of the respondent.]</td>
<td>mmHg ___ ___ ___</td>
<td>[80:250]</td>
</tr>
<tr>
<td>12002 [Record diastolic blood pressure (left arm – sitting) of the respondent.]</td>
<td>mmHg ___ ___ ___</td>
<td>[40:180]</td>
</tr>
<tr>
<td>12003 [Record heart rate of the respondent.]</td>
<td>Beats per minute ___ ___ ___</td>
<td>End the Interview [40:200]</td>
</tr>
<tr>
<td>12004 We are happy to offer you ID cards that look like this. [Show surveyor’s ID card.] Would you like to have one?</td>
<td>1. Yes (take picture) 2. No → End the Interview</td>
<td></td>
</tr>
<tr>
<td>12005 What is the name to appear on the card?</td>
<td>Text</td>
<td></td>
</tr>
<tr>
<td>12007 What is the address to appear on the card?</td>
<td>Text</td>
<td></td>
</tr>
<tr>
<td>12008 What is the telephone number to appear on the card?</td>
<td>Phone # 0 ___ ___ ___ ___ ___ ___</td>
<td>Numeric, 8 digits</td>
</tr>
<tr>
<td>12009 We can provide an ID card for one other member of the household. Would you like another one?</td>
<td>1. Yes (take picture) 2. No → End the Interview</td>
<td></td>
</tr>
<tr>
<td>12010 What is the name to appear on the card?</td>
<td>Text</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
<td>Notes</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| What is the date of birth to appear on the card?                       | 1. Day __ __  
2. Month __ __  
3. Year __ __ __ __ | 1- [1:31]  
2- [1:12]  
3- [1920:2019] |
| What is the address to appear on the card?                             | Text                                                                    |                                                                      |
| What is the telephone number to appear on the card?                    | Phone # 0 __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ | → End the Interview  
 Numeric, 8 digits |

**NOTE:** THE FOLLOWING QUESTIONS ARE FOR AUTO-POPULATION TO COMPLETE AND ARE NOT TO BE ASKED TO RESPONDENTS.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Is this a region of high HIV/AIDS mortality?                           | 1. High  
2. Low  
3. Very Low | Should be completed by the central office. HIGH corresponds to >1% of deaths, LOW around 0.1%, VERY LOW <0.01% |
| Is this a region of high malaria mortality?                            | 1. High  
2. Low  
3. Very Low | Should be completed by the central office. HIGH corresponds to >1% of deaths, LOW around 0.1%, VERY LOW <0.01% |
| During which season did (s)he die?                                     | 1. Wet  
2. Dry |                                                                      |
| Name of VA interviewer                                                | Text                                                                    |                                                                      |
| Time at start of interview                                            | [hh: __ __mm __ __]                                                   |                                                                      |
| Date of interview                                                     | [dd/mm/yyyy]                                                           |                                                                      |
| Address of the house                                                  | Text                                                                    | Auto-populated from SRS/CRVS                                         |
| How old was the child?                                                | 1. Months __ __  
2. Years __ __ |                                                                      |
| What was her/his citizenship/nationality?                             | 1. Citizen at birth  
2. Naturalized citizen  
3. Foreign national  
9. Doesn't know |                                                                      |
| What was her/his ethnicity?                                           | Text                                                                    |                                                                      |
| What was her/his place of birth?                                      | Text                                                                    |                                                                      |
| What was her/his place of usual residence? (the place where the person lived most of the year) | Text |                                                                      |
| Where did the death occur? (specify country, province, district, village) | Text |                                                                      |
| Was (s)he able to read and/or write?                                  | 1. Yes  
2. No  
9. Doesn't know |                                                                      |
<table>
<thead>
<tr>
<th>List of symptoms with an associated number for sequence</th>
<th>Common CODs with sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Injury</td>
<td>1. Pneumonia/Tuberculosis/ Asthma→3, 4, 2, 5, 7, 12, 15, 13, 10, 9, 8, 6, 11, 17,14, 16, 1</td>
</tr>
<tr>
<td>2. Fever</td>
<td>2. Diarrhoea→6, 7, 2, 11, 8, 3, 4, 5, 9, 10, 12, 13, 17, 15, 14, 16, 1</td>
</tr>
<tr>
<td>3. Cough</td>
<td>3. Infections/Typhoid/Viral fever/ Jaundice/Fever →2, 3, 4, 7, 5, 6, 8, 17, 12, 11, 13, 15, 14, 10, 9, 16, 1</td>
</tr>
<tr>
<td>4. Breathing problem</td>
<td>4. Injury/Accidental → 1, 9, 10, 7, 2, 3, 4, 5, 8, 16, 14, 11, 12, 6, 13, 15, 17</td>
</tr>
<tr>
<td>5. Chest pain</td>
<td>5. Malaria→2, 7, 8, 6, 3, 4, 5, 10, 9, 12, 11, 17, 13, 15, 14, 16, 1</td>
</tr>
<tr>
<td>6. Loose or liquid stool</td>
<td>6. Measles→2, 3, 12, 4, 5, 7, 6, 8, 10, 9, 15, 17, 11, 13, 14, 16, 1</td>
</tr>
<tr>
<td>7. Vomit</td>
<td>7. Meningitis→2, 7, 10, 9, 3, 4, 5, 12, 15, 16, 8, 6, 11, 13, 14, 17, 1</td>
</tr>
<tr>
<td>8. Abdominal problem</td>
<td>8. Nutritional→ 13, 2, 6, 7, 8, 11, 12, 3, 4, 14, 15, 5, 9, 10, 17, 1, 16</td>
</tr>
<tr>
<td>9. Unconsciousness</td>
<td>9. Kidney problem→11, 8, 14, 7, 12, 2, 3, 4, 5, 9, 10, 13, 6, 15, 17, 1, 16</td>
</tr>
<tr>
<td>10. Convulsions</td>
<td>10. Liver problem→2, 17, 8, 7, 12, 3, 4, 5, 14, 9, 10, 11, 6, 13, 15, 1, 16</td>
</tr>
<tr>
<td>11. Urinary problem</td>
<td>11. Neoplasms→13, 15, 2, 8,7, 12, 14, 17, 3, 4, 5, 6, 9, 10,11, 16, 1</td>
</tr>
<tr>
<td>12. Skin problem</td>
<td>12. Other or unknown cause→1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17</td>
</tr>
<tr>
<td>13. Weight loss</td>
<td>13. Heart diseases→5, 4, 3, 7, 2, 14, 8, 9, 10, 13, 11, 12, 15, 17, 6, 1, 16</td>
</tr>
<tr>
<td>14. Oedema</td>
<td>14. HIV→13, 12, 2, 6, 7, 15, 3, 4, 5, 8, 17, 10, 9, 11, 14, 16, 1</td>
</tr>
<tr>
<td>15. Lumps</td>
<td>19 and 20 will follow the above sequence in child &lt;1yr old.</td>
</tr>
<tr>
<td>16. Paralysis</td>
<td></td>
</tr>
<tr>
<td>17. Jaundice</td>
<td></td>
</tr>
<tr>
<td>18. Nil</td>
<td></td>
</tr>
<tr>
<td>19. Child birth details (for child &lt; 1yr)</td>
<td></td>
</tr>
<tr>
<td>20. Pregnancy details (for child &lt; 1yr)</td>
<td></td>
</tr>
</tbody>
</table>