

**COD Study Adult e-VA Instrument v1.4 (dated May 3<sup>rd</sup>) – Sierra Leone**  
**Questionnaire for the death of a person aged 12 years and above**

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.*

ID	Question	Answer(s)	Skip To	Programming Notes
<p><b>Hello, my name is [surveyor's name] and I am working for Njala University. We are studying ways to improve the health status of the community. We very much appreciate your participation in this survey. As part of the survey we invite you to provide information on the death that happened in your family. We will ask questions related to the illness of the deceased and some other questions, but before we start the survey we would like to take your blood pressure.</b></p> <p><i>Before beginning the survey, ensure that the respondent is an adult.</i></p>				
1001	<b>Can we take your blood pressure?</b>	1. Yes 2. No	→ 1005	
1002	[Record systolic blood pressure (left arm – sitting) of the respondent.]	mmHg ____		[80:250]
1003	[Record diastolic blood pressure (left arm – sitting) of the respondent.]	mmHg ____		[40:180]
1004	[Record heart rate of the respondent.]	Beats per minute ____		[40:200]
1005	<b>We would like to confirm that we are at the correct house for the study. Can you give me the name of the head of the household?</b> <i>Record the head's full name.</i>	Text		alphabetic, Min_length[3]
1006	<b>What is her/his sex?</b>	1. Male 2. Female		Select- only one
1007	<b>How old is (s)he in completed years?</b> <i>Record the respondent's age as of her/his last birthday. Record '99' if don't know the age.</i>	Years __ __		[18:99]
1008	<b>[Is the head of the household the same person as previously recorded?]</b> <i>Name should match phonetically, sex must match, and age should be within 2 years.</i>	1. Yes 2. No	→ End the Interview	Display head's name, sex, and age from enumeration database above the Yes and No options
1009	<b>What is the first name of the oldest child below age 18 years who lives here?</b>	Text - No children in the household	→ 1011	alphabetic, Min_length[3]
1010	<b>What is the child's sex?</b>	1. Male 2. Female		Select- only one
1011	<b>How old is the child?</b>	Years __ __		[0:18]

1012	[Does the above child match one of the children previously recorded for this household?]	1. Yes 2. No	→ 1014 → End the Interview	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”
1013	[Can you confirm that there are no children in the household?]	1. Yes 2. No	→ End the Interview	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”
<b>I would like to tell you more about the study and obtain your consent.</b> [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	
1015	<b>Let’s start with some general questions about you. What is your name?</b>	Text		alphabetic, Min_length[3]
1016	[Choose the respondent’s sex.]	1. Male 2. Female		Select- only one
1017	<b>How old are you?</b> <i>Record the respondent’s age as of his/her last birthday. Record ‘99’ if don’t know the age.</i>	Years __ __		[18:99]
1018	<b>How is your current general health status?</b>	1. Excellent 2. Good 3. Fair 4. Poor		Select- only one
1019	<b>Did you smoke tobacco within the last 5 years?</b>	1. Yes 2. No 9. Doesn’t know	→ 1023 → 1023	

1020	<b>What was the method of tobacco use?</b> <i>Enter more than one if applicable.</i>	1. Cigarette 2. Other (specify) _____	→ 1022	Multi-select Skip is implemented if 1 is not chosen
1021	<b>How many cigarettes were consumed per day?</b>	Number ___	→ 1026	[0:99] Skip is implemented if 2 is not chosen in Q1020
1022	<b>How many times did you use other tobacco products per day?</b>	Number ___		[0:99]
1023	<b>Did you normally drink alcohol at least once a week during most weeks in the last 5 years?</b> <i>Use local term for alcohol.</i>	1. Yes 2. No 9. Doesn't know	→ 2001 → 2001	
1024	<b>What was the average number of days per week you drank?</b>	Number ___ - Doesn't know		[1:7]
1025	<b>What type of alcohol was most commonly consumed?</b>	1. Local liquor 2. Foreign liquor 3. Beer 9. Doesn't know		Select- only one
<b>I would now like to ask you some detailed questions about any deaths that have occurred in the house in the last 3 years.</b>				Display name, sex, and age (with units) of deceased from enumeration database before the following questions
2001	<b>What was the first or given name(s) of the deceased?</b>	Text		alphabetic, Min_length[3]
2002	<b>What was the surname (or family name) of the deceased?</b>	Text		alphabetic, Min_length[3]
2003	<b>What was the sex of the deceased?</b>	1. Male 2. Female		Select- only one Use to automatically replace "(s)he" or "his/her" in subsequent questions
2004	<b>When was the deceased born?</b>	1. Day ___ 2. Month ___ 3. Year _____		1- [1:31] 2- [1:12] 3- [1912:2007]
2005	<b>When did (s)he die?</b>	1. Day ___ 2. Month ___ 3. Year _____		1- [1:31] 2- [1:12] 3- [2015:2019]

2006	<b>What is your/the respondent's relationship to the deceased?</b>	<ol style="list-style-type: none"> <li>1. Parent</li> <li>2. Child</li> <li>3. Other family member</li> <li>4. Friend</li> <li>5. Health worker</li> <li>6. Public official</li> <li>7. Another relationship</li> </ol>		<p>Select- only one</p> <p>Options differ from child and neonate forms (includes "Child")</p>
2007	<b>Did you/the respondent live with the deceased in the period leading to her/his death?</b>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>		
2008	<b>Where did the deceased die?</b>	<ol style="list-style-type: none"> <li>1. Hospital</li> <li>2. Other health facility</li> <li>3. Home</li> <li>4. On route to hospital or facility</li> <li>5. Other</li> <li>9. Doesn't know</li> </ol>		Select- only one
3001	<b>What do you (respondent) think the deceased died of?</b>	Text		
3002	[Select the appropriate respondent's cause of death from the drop-down menu]	<ol style="list-style-type: none"> <li>1. Pneumonia</li> <li>2. TB</li> <li>3. Chronic respiratory disease</li> <li>4. Diarrhoea</li> <li>5. Infections / typhoid / viral fever / jaundice / fever</li> <li>6. Injury/accident</li> <li>7. Measles</li> <li>8. Meningitis (brain fever)</li> <li>9. Malaria</li> <li>10. Nutritional/malnutrition</li> <li>11. Kidney problem / endocrine disease</li> <li>12. Liver problem</li> <li>13. Cancer</li> <li>14. HIV/STI</li> <li>15. Heart disease</li> <li>16. Stroke</li> <li>17. Digestive disease</li> <li>18. Maternal conditions</li> <li>19. Other or unknown cause</li> </ol>		<p>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</p>

5001	Did (s)he suffer from any injury or accident that led to her/his death?	1. Yes 2. No 9. Doesn't know	→ 6004 → 6004	
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. Electrocutation 11. Burns/fire 12. Injured by a firearm 13. Bite or sting 14. Stabbed/cut/pierced 15. Strangled 16. Flood 17. Earthquake 18. Other (specify) _____ 9. Doesn't know	→ 5007  → 5009  → 6004 → 6004	Multi-select  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)
5003	Was (s)he subject to violence (suicide, homicide, abuse)?	1. Yes 2. No 9. Doesn't know		Question wording differs from child and neonate forms (includes "suicide")
5004	Was the injury accidental?	1. Yes 2. No 9. Doesn't know	→ 6004	Skip changes to 5007 if 1 was chosen or 5009 if 13 was chosen in Q5002
5005	Was the injury self-inflicted?	1. Yes 2. No 9. Doesn't know	→ 6004	Skip changes to 5007 if 1 was chosen or 5009 if 13 was chosen in Q5002
5006	Was the injury intentionally inflicted by someone else?	1. Yes 2. No 9. Doesn't know	→ All: 6004	No skip if 1 was chosen and skip changes to 5009 if 13 was chosen in Q5002

5007	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
5008	What was the counterpart that was hit during the road traffic accident?	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	→ All: 6004	Select- only one  Skip is implemented if 13 was not chosen in Q5002
5009	What was the animal/insect?	1. Dog 2. Snake 3. Insect or scorpion 4. Other 9. Doesn't know		Select- only one
<b>HISTORY OF ILLNESS AND DISEASES LIKELY TO BE ASSOCIATED WITH THE CAUSE OF DEATH</b> I would like to ask about previously known medical conditions the deceased had; these questions may not appear to be directly related to her/his death. Please bear with me and answer all the questions. They will help us to get a clear picture of the medical history.				
6004	For how long was (s)he ill before death? <i>Less than 1 day = '0'.</i>	1. Days ___ ___ 2. Months ___ ___ - Doesn't know		Select 1- [0:30] 2- [1:12]
6005	Did (s)he die suddenly? <i>Suddenly means died unexpectedly within 24 hours of being in regular health</i>	1. Yes 2. No 9. Doesn't know		

6006	<p><b>Was there any diagnosis by a health professional of the following?</b>  <i>Enter more than one if applicable.</i>  <i>Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.</i></p>	<ol style="list-style-type: none"> <li>1. Recent positive test for malaria</li> <li>2. Recent negative test for malaria</li> <li>2. Tuberculosis</li> <li>3. HIV/AIDS</li> <li>4. Heart disease</li> <li>5. High blood pressure</li> <li>6. Diabetes</li> <li>7. Stroke</li> <li>8. Chronic lung disease</li> <li>9. Asthma</li> <li>10. Epilepsy</li> <li>11. Cancer</li> <li>12. Kidney disease</li> <li>13. Liver disease</li> <li>14. Depression</li> <li>15. Measles</li> <li>16. Sickle cell disease</li> <li>17. Dengue fever</li> <li>18. Dementia</li> <li>19. Other (specify) _____</li> <li>20. None of the above</li> </ol>		<p>Multi-select</p> <p>If “11. Cancer” is selected, reminders about cancer will appear in the narrative section</p>
6007	<p><b>Was an HIV test ever positive?</b></p>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>9. Doesn't know</li> </ol>		
7001	<p><b>Did (s)he have a fever?</b></p>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>9. Doesn't know</li> </ol>	<p>→ 7007</p> <p>→ 7007</p>	<p>If yes, reminders about fever will appear in the narrative section</p>
7003	<p><b>How long did the fever last?</b>  <i>Less than 1 day = '0'.</i></p>	<ol style="list-style-type: none"> <li>1. Days __ __</li> <li>2. Months __ __</li> <li>- Doesn't know</li> </ol>		<p>Select</p> <p>1- [0:30]</p> <p>2- [1:60]</p>
7004	<p><b>Did the fever continue until death?</b></p>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>9. Doesn't know</li> </ol>		
7005	<p><b>How severe was the fever?</b></p>	<ol style="list-style-type: none"> <li>1. Mild</li> <li>2. Moderate</li> <li>3. Severe</li> <li>9. Doesn't know</li> </ol>		<p>Select- only one</p>

7006	What was the pattern of the fever?	1. Continuous 2. On and off 3. Only at night 9. Doesn't know		Select- only one
7007	Did (s)he have night sweats?	1. Yes 2. No 9. Doesn't know		
7008	Did (s)he have a cough?	1. Yes 2. No 9. Doesn't know	→ 7014 → 7014	If yes, reminders about cough will appear in the narrative section
7009	For how long did (s)he have a cough? <i>Less than 1 day = '0'.</i>	1. Days ___ __ 2. Months ___ __ - Doesn't know		Select 1- [0:30] 2- [1:60]
7010	Was the cough productive, with sputum?	1. Yes 2. No 9. Doesn't know		Select- only one
7011	Was the cough very severe?	1. Yes 2. No 9. Doesn't know		
7012	Did (s)he cough up blood?	1. Yes 2. No 9. Doesn't know		
7014	Did (s)he have a breathing problem? (e.g. difficulty breathing, fast breathing, breathlessness, wheezing)	1. Yes 2. No 9. Doesn't know	→ 7030 → 7030	If yes, reminders about breathing problems will appear in the narrative section
7015	Did (s)he have any difficulty breathing?	1. Yes 2. No 9. Doesn't know	→ 7019 → 7019	
7017	For how long did the difficult breathing last? <i>Less than 1 day = '0'.</i>	1. Days ___ __ 2. Months ___ __ 3. Years ___ __ - Doesn't know		Select 1- [0:30] 2- [1:60] 3- <Age
7018	Was the difficulty continuous or on and off?	1. Continuous 2. On and off 9. Doesn't know		Select- only one
7019	During the illness that led to death, did (s)he have fast breathing?	1. Yes 2. No 9. Doesn't know	→ 7022 → 7022	



7021	<b>How long did the fast breathing last?</b> <i>Less than 1 day = '0'.</i>	1. Days ___ __ 2. Months ___ __ - Doesn't know		Select 1- [0:30] 2- [1:60]
7022	<b>Did (s)he have breathlessness?</b>	1. Yes 2. No 9. Doesn't know	→ 7029 → 7029	
7024	<b>How long did (s)he have breathlessness?</b> <i>Less than 1 day = '0'.</i>	1. Days ___ __ 2. Months ___ __ - Doesn't know		Select 1- [0:30] 2- [1:60]
7025	<b>Was (s)he unable to carry out daily routines due to breathlessness?</b>	1. Yes 2. No 9. Doesn't know		
7026	<b>Was (s)he breathless while lying flat?</b>	1. Yes 2. No 9. Doesn't know		
7029	<b>During the illness that led to death did (s)he have wheezing?</b>	1. Yes 2. No 9. Doesn't know		
7030	<b>Did (s)he have chest pain?</b>	1. Yes 2. No 9. Doesn't know	→ 7034 → 7034	If yes, reminders about chest pain will appear in the narrative section
7031	<b>Was the chest pain severe?</b>	1. Yes 2. No 9. Doesn't know		
7032	<b>How many days before death did (s)he have chest pain?</b> <i>Less than 1 day = '0'.</i>	Days ___ __ - Doesn't know		[0:30]
7033	<b>How long did the chest pain last?</b> <i>Less than 1 minute = '0'.</i>	1. Minutes ___ __ 2. Hours ___ __ 3. Days ___ __ - Doesn't know		Select- only one 1- [0:59] 2- [1:23] 3- [1:30], <Days Q7032
7034	<b>Did (s)he have more frequent loose or liquid stools than usual?</b> <i>Ask the respondent about his/her understanding of what diarrhoea is (having more frequent loose or liquid stools than usual); if unclear or wrong, explain to the respondent what diarrhoea is.</i>	1. Yes 2. No 9. Doesn't know	→ 7040 → 7040	If yes, reminders about loose or liquid stools will appear in the narrative section
7035	<b>How long did (s)he have frequent loose or liquid stools?</b> <i>Less than 1 day = '0'.</i>	1. Days ___ __ 2. Months ___ __ - Doesn't know		Select 1- [0:30] 2- [1:60]

7040	<b>At any time during the final illness was there blood in the stools?</b>	1. Yes 2. No 9. Doesn't know	→ 7042 → 7042	
7041	<b>Was there blood in the stool up until death?</b>	1. Yes 2. No 9. Doesn't know		
7042	<b>Did (s)he vomit?</b>	1. Yes 2. No 9. Doesn't know		If yes, reminders about vomiting will appear in the narrative section
7043	<b>To clarify: Did (s)he vomit in the week preceding the death?</b>	1. Yes 2. No 9. Doesn't know	→ 7047 → 7047	Skip changes to 7045 if 1 was selected in Q7042
7044	<b>How long before death did (s)he vomit?</b> <i>Less than 1 day = '0'.</i>	1. Days ___ 2. Months ___ - Doesn't know		Select 1- [0:30] 2- [1:60]
7045	<b>Was there blood in the vomit?</b>	1. Yes 2. No 9. Doesn't know		
7046	<b>Was the vomit black?</b>	1. Yes 2. No 9. Doesn't know		
7047	<b>Did (s)he have any belly (abdominal) problem?</b> <i>Explain to the respondent that problems could be pain, protruding abdomen or a mass.</i>	1. Yes 2. No 9. Doesn't know	→ 7057 → 7057	If yes, reminders about stomach problems will appear in the narrative section
7048	<b>Did (s)he have belly (abdominal) pain?</b>	1. Yes 2. No 9. Doesn't know	→ 7052 → 7052	
7049	<b>Was the belly (abdominal) pain severe?</b>	1. Yes 2. No 9. Doesn't know		
7050	<b>For how long did (s)he have belly (abdominal) pain?</b> <i>Less than 1 day = '0'.</i>	1. Hours ___ 2. Days ___ 3. Months ___ - Doesn't know		Select 1- [0:23] 2- [1:30] 3- [1:60]
7051	<b>Was the pain in the upper or lower belly (abdomen)?</b>	1. Upper abdomen 2. Lower abdomen 3. Upper and lower abdomen 9. Doesn't know		

7052	<b>Did (s)he have a more than usually protruding belly (abdomen)?</b>	1. Yes 2. No 9. Doesn't know	→ 7055 → 7055	
7053	<b>For how long before death did (s)he have a more than usually protruding belly (abdomen)?</b> <i>Less than 1 day = '0'.</i>	1. Days ___ ___ 2. Months ___ ___ - Doesn't know		Select 1- [0:30] 2- [1:60]
7054	<b>How rapidly did (s)he develop the protruding belly (abdomen)?</b>	1. Rapidly 2. Slowly 9. Doesn't know		Select- only one
7055	<b>Did (s)he have any mass in the belly (abdomen)?</b>	1. Yes 2. No 9. Doesn't know	→ 7057 → 7057	
7056	<b>For how long did (s)he have a mass in the belly (abdomen)?</b> <i>Less than 1 day = '0'.</i>	1. Days ___ ___ 2. Months ___ ___ - Doesn't know		Select 1- [0:30] 2- [1:60]
7057	<b>Did (s)he have a severe headache?</b>	1. Yes 2. No 9. Doesn't know		
7058	<b>Did (s)he have a stiff or painful neck during the illness that led to death?</b>	1. Yes 2. No 9. Doesn't know	→ 7063 → 7063	
7059	<b>Did (s)he have a stiff neck during illness that led to death?</b>	1. Yes 2. No 9. Doesn't know	→ 7061 → 7061	
7060	<b>How long before death did (s)he have stiff neck?</b> <i>Less than 1 day = '0'.</i>	1. Days ___ ___ 2. Months ___ ___ - Doesn't know		Select 1- [0:30] 2- [1:60]
7061	<b>Did (s)he have a painful neck during the illness that led to death?</b>	1. Yes 2. No 9. Doesn't know	→ 7063 → 7063	
7062	<b>How long before death did (s)he have a painful neck?</b> <i>Less than 1 day = '0'.</i>	1. Days ___ ___ 2. Months ___ ___ - Doesn't know		Select 1- [0:30] 2- [1:60]
7063	<b>Did (s)he have mental confusion?</b>	1. Yes 2. No 9. Doesn't know	→ 7065 → 7065	
7064	<b>How long did (s)he have mental confusion?</b> <i>Less than 1 day = '0'.</i>	1. Days ___ ___ 2. Months ___ ___ - Doesn't know		Select 1- [0:30] 2- [1:60]

7065	<b>Was (s)he unconscious during the illness that led to death?</b>	1. Yes 2. No 9. Doesn't know	→ 7070 → 7070	If yes, reminders about unconsciousness will appear in the narrative section
7066	<b>Was (s)he unconscious for more than 24 hours before death?</b>	1. Yes 2. No 9. Doesn't know		
7068	<b>Did the unconsciousness start suddenly, quickly (at least within a single day)?</b>	1. Yes 2. No 9. Doesn't know		
7069	<b>Did the unconsciousness continue until death?</b>	1. Yes 2. No 9. Doesn't know		
7070	<b>Did (s)he have convulsions?</b>	1. Yes 2. No 9. Doesn't know	→ 7074 → 7074	If yes, reminders about convulsions will appear in the narrative section
7072	<b>For how many minutes did the convulsions last?</b> <i>Less than 1 minute = '0'. Use 1 hour=60 minutes to determine the number of minutes.</i>	Minutes ___ __ - Doesn't know		[0:60]
7073	<b>Did (s)he become unconscious immediately after the convulsion?</b>	1. Yes 2. No 9. Doesn't know		
7074	<b>Did (s)he have any urine problems?</b> <i>Explain to the respondent that urinary problems refer to urinating a lot or not at all, and blood in the urine.</i>	1. Yes 2. No 9. Doesn't know	→ 7078 → 7078	If yes, reminders about urinary problems will appear in the narrative section
7075	<b>Did (s)he go to urinate more often than usual?</b>	1. Yes 2. No 9. Doesn't know		
7076	<b>During the final illness did (s)he ever pass blood in the urine?</b>	1. Yes 2. No 9. Doesn't know		
7077	<b>Did (s)he stop urinating?</b>	1. Yes 2. No 9. Doesn't know		
7078	<b>Did (s)he have any skin problems, ulcers, or sores?</b>	1. Yes 2. No 9. Doesn't know	→ 7093 → 7093	If yes, reminders about skin problems will appear in the narrative section

7079	Did (s)he have sores or ulcers anywhere on the body?	1. Yes 2. No 9. Doesn't know		
7080	Did (s)he have sores?	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? <i>Less than 1 day = '0'.</i>	1. Days ___ ___ 2. Months ___ ___ - Doesn't know		Select 1- [0:30] 2- [1:60]
7085	During the illness that led to death, did (s)he have any skin rash?	1. Yes 2. No 9. Doesn't know	→ 7089 → 7089	
7086	For how many days did (s)he have the skin rash? <i>Less than 1 day = '0'.</i>	Days ___ ___ - Doesn't know		[0:30]
7087	Where was the rash?	1. Face 2. Trunk or abdomen 3. Extremities 4. Everywhere 9. Doesn't know		Select- only one
7088	Did (s)he have measles rash (use local term)?	1. Yes 2. No 9. Doesn't know		
7089	Did (s)he ever have shingles or herpes zoster?	1. Yes 2. No 9. Doesn't know		
7090	During the illness that led to death, did her/his skin flake off in patches?	1. Yes 2. No 9. Doesn't know		

7093	During the illness that led to death, did (s)he bleed from anywhere?	1. Yes 2. No 9. Doesn't know	→ 7095 → 7095	
7094	Did (s)he bleed from the nose, mouth or anus?	1. Yes 2. No 9. Doesn't know		
7095	Did (s)he have noticeable weight loss?	1. Yes 2. No 9. Doesn't know		If yes, reminders about weight loss will appear in the narrative section
7096	Was (s)he severely thin or wasted?	1. Yes 2. No 9. Doesn't know		
7097	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		
7098	Did (s)he have stiffness of the whole body or inability to open the mouth?	1. Yes 2. No 9. Doesn't know		
7099	Did (s)he have oedema/swelling?	1. Yes 2. No 9. Doesn't know	→ 7106 → 7106	If yes, reminders about oedema/swelling will appear in the narrative section
7100	Did (s)he have puffiness of the face?	1. Yes 2. No 9. Doesn't know	→ 7102 → 7102	
7101	How long did (s)he have puffiness of the face? <i>Less than 1 day = '0'.</i>	1. Days __ __ 2. Months __ __ - Doesn't know		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 → 7105	
7103	How long did the swelling last? <i>Less than 1 day = '0'.</i>	1. Days __ __ 2. Months __ __ - Doesn't know		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 → 7111	If yes, reminders about lumps will appear in the narrative section
7107	Did (s)he have any lumps or lesions in the mouth?	1. Yes 2. No 9. Doesn't know		
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 → 7114	If yes, reminders about paralysis will appear in the narrative section
7112	Did (s)he have paralysis of only one side of the body?	1. Yes 2. No 9. Doesn't know		
7113	Which were the limbs or body parts paralysed? <i>Enter more than one if applicable.</i>	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		Multi-select
7114	Did (s)he have difficulty swallowing?	1. Yes 2. No 9. Doesn't know	→ 7117 → 7117	
7115	For how long before death did (s)he have difficulty swallowing? <i>Less than 1 day = '0'.</i>	1. Days __ __ 2. Months __ __ - Doesn't know		Select 1- [0:30] 2- [1:60]

7116	<b>Was the difficulty with swallowing with solids, liquids, or both?</b>	1. Solids 2. Liquids 3. Both 9. Doesn't know		
7117	<b>Did (s)he have pain upon swallowing?</b>	1. Yes 2. No 9. Doesn't know		
7118	<b>Did (s)he have yellow discoloration of the eyes?</b>	1. Yes 2. No 9. Doesn't know	→ 7120 → 7120	If yes, reminders about jaundice will appear in the narrative section
7119	<b>For how long did (s)he have the yellow discoloration?</b> <i>Less than 1 day = '0'.</i>	1. Days ___ __ 2. Months ___ __ - Doesn't know		Select 1- [0:30] 2- [1:60]
7120	<b>Did her/his hair change in colour to a reddish or yellowish colour?</b>	1. Yes 2. No 9. Doesn't know		
7121	<b>Did (s)he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?</b> <i>Long term deficiency of the blood results in a pale, whitish appearance of the lips, tongue, and eye sac. Sometimes it is referred to as thinning or lack of blood, or pallor.</i>	1. Yes 2. No 9. Doesn't know		
7123	<b>Did (s)he drink a lot more water than usual?</b>	1. Yes 2. No 9. Doesn't know		
<b>SIGNS AND SYMPTOMS ASSOCIATED WITH PREGNANCY AND WOMEN</b>				Section enabled only for female deaths
7144	<b>Did she have any swelling or lump in the breast?</b>	1. Yes 2. No 9. Doesn't know		
7145	<b>Did she have any ulcers (pits) in the breast?</b>	1. Yes 2. No 9. Doesn't know		
7146	<b>Did she ever have a period or menstruate?</b>	1. Yes 2. No 9. Doesn't know	→ 7154 → 7154	
7147	<b>When she had her period, did she have vaginal bleeding in between menstrual periods?</b>	1. Yes 2. No 9. Doesn't know	→ 7149 → 7149	



7148	Was the bleeding excessive?	1. Yes 2. No 9. Doesn't know		
7149	Was there excessive vaginal bleeding in the week prior to death?	1. Yes 2. No 9. Doesn't know		
7150	Did her menstrual period stop naturally because of menopause or removal of the uterus?	1. Yes 2. No 9. Doesn't know	→ 7153	Enabled only for deaths aged ≥40 years
7151	At the time of death was her period overdue?	1. Yes 2. No 9. Doesn't know	→ 7154 → 7154	Enabled only for deaths aged 15-49 years; otherwise, skip to 7154
7152	For how many weeks had her period been overdue?	Weeks __ __ - Doesn't know	→ All: 7154	[0:8] Enabled only for deaths aged 15-49 years
7153	Did she have vaginal bleeding after cessation of menstruation?	1. Yes 2. No 9. Doesn't know	→ All: 7160	Enabled only for female deaths aged ≥40 years
7154	Did she have a sharp pain in her belly (abdomen) shortly before death?	1. Yes 2. No 9. Doesn't know		
7155	Was she pregnant at the time of death?	1. Yes 2. No 9. Doesn't know	→ 7159	
7156	Did she die within 6 weeks of delivery, abortion or miscarriage?	1. Yes 2. No 9. Doesn't know	→ 7161	
7157	Did this woman die more than 6 weeks after being pregnant or delivering a baby?	1. Yes 2. No 9. Doesn't know	→ 7160 → 7160	
7158	Was this a woman who died less than 1 year after being pregnant or delivering a baby?	1. Yes 2. No 9. Doesn't know	→ 7161 → 7160 → 7160	
7159	For how many months was she pregnant?	Months __ __ - Doesn't know	→ All: 7161	[1:10]

7160	<b>Please confirm: when she died, she was NEITHER pregnant NOR had delivered, had an abortion, or miscarried within 12 months of when she died – is that right?</b>	1. Yes (she was not pregnant, and she did not recently deliver, have abortion, or miscarry) 2. No (she was pregnant or she recently delivered, had an abortion, or miscarried) 9. Doesn't know	→ 8001	
7161	<b>Did she ever have a period or menstruate?</b>	1. Yes 2. No 9. Doesn't know	→ 7169 → 7169	
7162	<b>When she had her period, did she have vaginal bleeding in between menstrual periods?</b>	1. Yes 2. No 9. Doesn't know	→ 7164 → 7164	
7163	<b>Was the bleeding excessive?</b>	1. Yes 2. No 9. Doesn't know		
7164	<b>Was there excessive vaginal bleeding in the week prior to death?</b>	1. Yes 2. No 9. Doesn't know		
7165	<b>Did her menstrual period stop naturally because of menopause or removal of the uterus?</b>	1. Yes 2. No 9. Doesn't know	→ 7168	Enabled only for deaths aged ≥40 years
7166	<b>At the time of death was her period overdue?</b>	1. Yes 2. No 9. Doesn't know	→ 7169 → 7169	Enabled only for deaths aged 15-49 years; otherwise, skip to 7169
7167	<b>For how many weeks had her period been overdue?</b>	Weeks ___ ___ - Doesn't know	→ All: 7169	[0:8] Enabled only for deaths aged 15-49 years
7168	<b>Did she have vaginal bleeding after cessation of menstruation?</b>	1. Yes 2. No 9. Doesn't know	→ All: 7175	Enabled only for female deaths aged ≥40 years
7169	<b>Did she have a sharp pain in her belly (abdomen) shortly before death?</b>	1. Yes 2. No 9. Doesn't know		
7170	<b>Was she pregnant at the time of death?</b>	1. Yes 2. No 9. Doesn't know	→ 7174	
7171	<b>Did she die within 6 weeks of delivery, abortion or miscarriage?</b>	1. Yes 2. No 9. Doesn't know	→ 7176	

7172	Did this woman die more than 6 weeks after being pregnant or delivering a baby?	1. Yes 2. No 9. Doesn't know	→ 7175 → 7175	
7173	Was this a woman who died less than 1 year after being pregnant or delivering a baby?	1. Yes 2. No 9. Doesn't know	→ 7176 → 7175 → 7175	
7174	For how many months was she pregnant?	Months ___ __ - Doesn't know	→ All: 7176	[1:10]
7175	Please confirm: when she died, she was NEITHER pregnant NOR had delivered, had an abortion, or miscarried within 12 months of when she died – is that right?	1. Yes (she was not pregnant, and she did not recently deliver, have abortion, or miscarry) 2. No (she was pregnant or she recently delivered, had an abortion, or miscarried) 9. Doesn't know	→ 8001  → 8001	
7176	Did she die during labour or delivery?	1. Yes 2. No 9. Doesn't know	→ 7180	
7177	Did she die after delivering a baby?	1. Yes 2. No 9. Doesn't know	→ 7180 → 7180	
7178	Did she die within 24 hours after delivery?	1. Yes 2. No 9. Doesn't know	→ 7180	
7179	Did she die within 6 weeks of childbirth?	1. Yes 2. No 9. Doesn't know		
7180	Did she give birth to a live baby (within 6 weeks of her death)?	1. Yes 2. No 9. Doesn't know		
7181	Did she die during or after a multiple pregnancy?	1. Yes 2. No 9. Doesn't know	→ All: 7183	Skip is implemented if 1 is chosen in Q7176 or Q7178, or 2 or 9 is chosen in Q7180
7182	Was she breastfeeding the child in the days before death?	1. Yes 2. No 9. Doesn't know		
7183	How many births, including stillbirths, did she/the mother have before this baby?	Births ___ __ - Doesn't know		[0:15]

7184	Had she had any previous Caesarean section?	1. Yes 2. No 9. Doesn't know		
7185	During pregnancy, did she suffer from high blood pressure?	1. Yes 2. No 9. Doesn't know		
7186	Did she have foul smelling vaginal discharge during pregnancy or after delivery?	1. Yes 2. No 9. Doesn't know		
7187	During the last 3 months of pregnancy, did she suffer from convulsions?	1. Yes 2. No 9. Doesn't know		
7188	During the last 3 months of pregnancy did she suffer from blurred vision?	1. Yes 2. No 9. Doesn't know		
7189	Did bleeding occur while she was pregnant?	1. Yes 2. No 9. Doesn't know	→ 7192 → 7192	
7190	Was there vaginal bleeding during the first 6 months of pregnancy?	1. Yes 2. No 9. Doesn't know		
7191	Was there vaginal bleeding during the last 3 months of pregnancy but before labour started?	1. Yes 2. No 9. Doesn't know		
7192	Did she have excessive bleeding during labour or delivery?	1. Yes 2. No 9. Doesn't know		
7193	Did she have excessive bleeding after delivery or abortion?	1. Yes 2. No 9. Doesn't know		
7194	Was the placenta completely delivered?	1. Yes 2. No 9. Doesn't know		
7195	Did she deliver or try to deliver an abnormally positioned baby?	1. Yes 2. No 9. Doesn't know		
7196	For how many hours was she in labour? <i>Less than 1 hour = '0'.</i>	Hours ___ ___ - Doesn't know		[0:72]

7197	<b>Did she attempt to terminate the pregnancy?</b>	1. Yes 2. No 9. Doesn't know	→ All: 7201	Skip is implemented if 1 was chosen for Q7180
7198	<b>Did she recently have a pregnancy that ended in an abortion (spontaneous or induced)?</b>	1. Yes 2. No 9. Doesn't know	→ 7201 → 7201	
7199	<b>Did she die during an abortion?</b>	1. Yes 2. No 9. Doesn't know		
7200	<b>Did she die within 6 weeks of having an abortion?</b>	1. Yes 2. No 9. Doesn't know		
7201	<b>Where did she give birth?</b>	1. Hospital 2. Other health facility 3. Home 4. On route to hospital or facility 5. Other 9. Doesn't know		Select- only one
7202	<b>Did she receive professional assistance during the delivery?</b> <i>Explain to the respondent what is meant by professional assistance: delivery attended by a medical professional (doctor, nurse, or midwife).</i>	1. Yes 2. No 9. Doesn't know		
7203	<b>Who delivered the baby?</b>	1. Doctor 2. Midwife 3. Nurse 4. Relative 5. Self (the mother) 6. Traditional birth attendant 7. Other 9. Doesn't know		Select- only one
7204	<b>Did she have an operation to remove her uterus shortly before death?</b>	1. Yes 2. No 9. Doesn't know		
7205	<b>Was the delivery normal vaginal, without forceps or vacuum?</b>	1. Yes 2. No 9. Doesn't know	→ 7208	

7206	Was the delivery vaginal, with forceps or vacuum?	1. Yes 2. No 9. Doesn't know	→ 7208	
7207	Was the delivery a Caesarean section?	1. Yes 2. No 9. Doesn't know		
7208	Was the baby born more than one month early?	1. Yes 2. No 9. Doesn't know		
I would like to ask some questions concerning habits that you and the deceased had; some of these questions may not appear to be directly related to her/his death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible risk factors.				
<i>Details of tobacco, alcohol, and features of deceased</i>				
8001	Did (s)he use any form of tobacco within the last 5 years?	1. Yes 2. No 9. Doesn't know	→ 8005 → 8005	
8002	What was the method of tobacco use? <i>Enter more than one if applicable.</i>	1. Cigarette 2. Other (specify) _____	→ 8004	Multi-select Skip is implemented if 1 is not chosen
8003	How many cigarettes were consumed per day?	Number ___	→ 8005	[0:99] Skip is implemented if 2 was not chosen in Q8002
8004	How many times did (s)he use other tobacco products per day?	Number ___		[0:99]
8005	Did (s)he normally drink alcohol at least once a week during most weeks in the last 5 years? <i>Use local term for alcohol.</i>	1. Yes 2. No 9. Doesn't know	→ 11001 → 11001	
8006	What was the average number of days per week (s)he drank?	Number ___ - Doesn't know		[0:7]
8007	What type of alcohol was most commonly consumed?	1. Local liquor 2. Foreign liquor 3. Beer 9. Doesn't know		Select- only one

<p><b>11001</b></p>	<p><b>You said that (s)he had</b> [list positive symptoms]. <b>Which one occurred first? Second?</b> [Continue until all symptoms have been put in order.]</p> <p><i>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 in which they appear above.</i></p>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> </ol>		<p>Enabled only if ‘1. Yes’ was selected for more than one symptom</p> <p>ALL IMPORTANT POSITIVE SYMPTOMS APPEAR, and the program requests the surveyor to put them in chronological order</p>
<p><b>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?</b></p> <p><i>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.</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				<p>The format for the notes section is the same as in the current e-VA app.</p> <p>On left-hand side, summary of answers from probing of all positive symptoms appears in chronological order.</p> <p>Recording begins at the start of this section.</p>

<b>11002</b>	<p>[Narrative] <b>Thank you for your information. Now can you please tell me in your own words about the events that led to the death?</b>  <i>Using the notes, read out the organised history to the respondent and get her/his confirmation before writing it below.</i>  <b>Excuse me for a few minutes while I write out what you have told me.</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Minimum of 300 characters to be entered in the narrative text box</p> <p>Narrative must include at least one key word / phrase for each positive key symptom (listed in table at end of form); if not included, pop-up prompts surveyor with missing words.</p> <p>Recording ends after completion of this question.</p>
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**I would like to ask some questions about the treatments that the deceased received and health services that were accessed.**

<b>9001</b>	<b>Did (s)he receive treatment for the illness that led to death?</b>	1. Yes 2. No 9. Doesn't know	→ 9015 → 9015	
<b>9002</b>	<b>Did (s)he receive oral rehydration salts?</b>	1. Yes 2. No 9. Doesn't know		
<b>9003</b>	<b>Did (s)he receive (or need) intravenous fluids (drip) treatment?</b>	1. Yes 2. No 9. Doesn't know		
<b>9004</b>	<b>Did (s)he receive (or need) a blood transfusion?</b>	1. Yes 2. No 9. Doesn't know		
<b>9005</b>	<b>Did (s)he receive (or need) treatment/food through a tube passed through the nose?</b>	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		
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 hospital very ill?	1. Yes 2. No 9. 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	
9016	Where or from whom did you seek this care? <i>Enter more than one if applicable.</i>	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 10. Relative, friend (outside household) 11. Pharmacy 9. Doesn't know	→ 9018 → 9018  → 9018 → 9018 → 9018 → 9018 → 9018	Multi-select  Skips are implemented if none of 3, 4, and 5 are chosen
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	→ 9025	

9021	<b>Can I see the health records?</b> <i>If yes, take a picture.</i>	1. Yes (take picture) 2. No	→ 9025 (flagged) → 9025	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- [1:31] 2- [1:12] 3- [2015:2019] Date must fall between birth and death dates
9025	<b>In the final days before death, did (s)he travel to a hospital or health facility?</b>	1. Yes 2. No 9. Doesn't know	→ 9030 → 9030	
9026	<b>Did (s)he use motorised transport to get to the hospital or health facility?</b>	1. Yes 2. No 9. Doesn't know		
9027	<b>Were there any problems during admission to the hospital or health facility?</b>	1. Yes 2. No 9. Doesn't know		
9028	<b>Were there any problems with the way (s)he was treated (medical treatment, procedures, interpersonal attitudes, respect, dignity) in the hospital or health facility?</b>	1. Yes 2. No 9. Doesn't know		
9029	<b>Were there any problems getting medications or diagnostic tests in the hospital or health facility?</b>	1. Yes 2. No 9. Doesn't know		
9030	<b>Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?</b>	1. Yes 2. No 9. Doesn't know		
9031	<b>In the final days before death, were there any doubts about whether medical care was needed?</b>	1. Yes 2. No 9. Doesn't know		
9032	<b>In the final days before death, was traditional medicine used?</b>	1. Yes 2. No 9. Doesn't know		
9033	<b>In the final days before death, did anyone use a telephone or cell phone to call for help?</b>	1. Yes 2. No 9. Doesn't know		
9034	<b>Over the course of illness, did the total costs of care and treatment prohibit other household payments?</b>	1. Yes 2. No 9. Doesn't know		

9035	[Is there a need to collect civil registration numbers on the deceased?]	1. Yes 2. No	→ 10001	
9036	<b>Do you have a death registration certificate?</b> <i>If 'Yes', ask to see a certificate and take a picture.</i>	1. Yes (take picture) 2. No	→ 10001 (flagged) → 10001	If 1, flag questions 9037-9040 for central team to extract data from picture.
9037	[Death registration number/certificate] <i>Enter "-" if this information is not available.</i>	Text		
9038	[Date of registration]	1. Day ___ 2. Month ___ 3. Year _____ - Doesn't know		1- [0:31] 2- [1:12] 3- [2001:2019]
9039	[Place of registration] <i>Enter a "-" if this information is not available.</i>	Text		
9040	[National identification number of deceased]	SL _____		8 digits or '-'
10001	<b>Was a death certificate issued?</b>	1. Yes 2. No 9. Doesn't know	→ 12001 → 12001	
10002	<b>Can I see the death certificate?</b> <i>If yes, take a picture of the death certificate.</i>	1. Yes (take picture) 2. No		If 1, flag for central team to extract data from picture.
			→ 2001 (see note)	Add new deaths until the number of entries matches the enumeration database; questions 13003 and 13009-13020 are auto-populated for each death.
12001	<b>I would like to take your blood pressure again.</b> [Record systolic blood pressure (left arm – sitting) of the respondent.]	mmHg _____		[80:250]
12002	[Record diastolic blood pressure (left arm – sitting) of the respondent.]	mmHg _____		[40:180]
12003	[Record heart rate of the respondent.]	Beats per minute _____	→ End the Interview	[40:200]
12004	<b>We are happy to offer you ID cards that look like this.</b> [Show surveyor's ID card.] <b>Would you like to have one?</b>	1. Yes (take picture) 2. No	→ End the Interview	
12005	<b>What is the name to appear on the card?</b>	Text		

12006	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]
12007	What is the address to appear on the card?	Text		
12008	What is the telephone number to appear on the card?	Phone # 0 ___ _____		Numeric, 8 digits
12009	We can provide an ID card for one other member of the household. Would you like another one?	1. Yes (take picture) 2. No	→ End the Interview	
12010	What is the name to appear on the card?	Text		
12011	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]
12012	What is the address to appear on the card?	Text		
12013	What is the telephone number to appear on the card?	Phone # 0 ___ _____	→ End the Interview	Numeric, 8 digits
<b>NOTE: THE FOLLOWING QUESTIONS ARE FOR AUTO-POPULATION AND ARE NOT TO BE ASKED TO RESPONDENTS.</b>				
13001	[Is this a region of high HIV/AIDS mortality?] <i>Should be completed by the central office. HIGH corresponds to &gt;1% of deaths, LOW around 0.1%, VERY LOW &lt;0.01%</i>	1. High 2. Low 3. Very Low		
13002	[Is this a region of high malaria mortality?] <i>Should be completed by the central office. HIGH corresponds to &gt;1% of deaths, LOW around 0.1%, VERY LOW &lt;0.01%</i>	1. High 2. Low 3. Very Low		
13003	[During which season did (s)he die?]	1. Wet 2. Dry		
13004	[Name of VA interviewer]	Text		
13005	[Time at start of interview]	[hh: ___ mm ___]		
13006	[Date of interview]	[dd/mm/yyyy]		
13007	[Address of the house]	Text		Auto-populated from SRS/CRVS

<b>13009</b>	[Enter adult's age in years.]	Years __ __		
<b>13010</b>	[What was her/his citizenship/nationality?]	1. Citizen at birth 2. Naturalized citizen 3. Foreign national 9. Doesn't know		
<b>13011</b>	[What was her/his ethnicity?]	Text		
<b>13012</b>	[What was her/his place of birth?]	Text		
<b>13013</b>	[What was her/his place of usual residence? (the place where the person lived most of the year)]	Text		
<b>13014</b>	[Where did the death occur? (specify country, province, district, village)]	Text		
<b>13015</b>	[What was her/his marital status?]	1. Never married 2. Engaged 3. Married (monogamous) 4. Married (polygamous) 5. Co-habitation (<5 years) 6. Co-habitation (≥ 5 years) 7. Separated 8. Divorced 10. Widowed 9. Doesn't know		
<b>13016</b>	[What was the date of marriage?]	1. Day __ __ 2. Month __ __ 3. Year __ __ __ __		

13017	[What was her/his highest level of schooling?]	<ol style="list-style-type: none"> <li>1. No formal education</li> <li>2. Kindergarten</li> <li>3. Primary</li> <li>4. Junior secondary</li> <li>5. Senior secondary</li> <li>6. Vocational/Technical/Nursing/Teacher</li> <li>7. Higher (first degree)</li> <li>8. Tertiary (post-graduate) / PhD</li> <li>10. Koranic</li> <li>11. Other</li> <li>9. Doesn't know</li> </ol>		
13018	[Was (s)he able to read and/or write?]	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>9. Doesn't know</li> </ol>		
13019	[What was her/his economic activity status in year prior to death?]	<ol style="list-style-type: none"> <li>1. Paid employee</li> <li>2. Self-employed without employee</li> <li>3. Self-employed with employee</li> <li>4. Unpaid family worker</li> <li>5. Paid apprentice</li> <li>6. Unpaid apprentice</li> <li>7. Looking for work</li> <li>8. Household work</li> <li>10. Not working or looking for work</li> <li>11. Full time student</li> <li>12. Retired/pensioner</li> <li>13. Other</li> <li>9. Doesn't know</li> </ol>		
13020	[What was her/his occupation, that is, what kind of work did (s)he mainly do?]	Text		
13021	[Time at end of interview]	[hh: ___ mm ___]		

<b>Symptom</b>	<b>Key Words / Phrases</b>
Fever	fever
Cough	cough
Breathing problem	breathing problem; difficulty breathing; breathless
Chest pain	chest pain
Loose or liquid stools	loose stools; liquid stools; diarrhoea
Vomit	vomit
Stomach and gastrointestinal (abdominal) problems	abdominal; belly; stomach
Urinary problems	urinary; urine
Skin problems / ulcers / sores	skin; ulcer; sores
Unconsciousness	unconscious; conscious
Convulsions	convulsions
Weight loss	weight loss
Oedema/swelling	oedema; oedema; swelling
Lumps	lump
Paralysis	paralysis
Yellow eyes or skin / jaundice	yellow skin; yellow eyes; jaundice
Cancer	cancer

List of 18 symptoms with an associated number for sequence	Respondent CODs with sequence
<ol style="list-style-type: none"> <li>1. Injury</li> <li>2. Fever</li> <li>3. Cough</li> <li>4. Breathing problem</li> <li>5. Chest pain</li> <li>6. Loose or liquid stool</li> <li>7. Vomit</li> <li>8. Abdominal problem</li> <li>9. Unconscious</li> <li>10. Convulsions</li> <li>11. Urinary problem</li> <li>12. Skin problem</li> <li>13. Weight loss</li> <li>14. Oedema</li> <li>15. Lumps</li> <li>16. Paralysed</li> <li>17. Jaundice</li> <li>18. Maternal deaths</li> </ol>	<ol style="list-style-type: none"> <li>1. Pneumonia→3, 2, 4, 5, 7, 9, 10, 15, 12, 8, 17, 11, 6, 13, 14, 16, 1, 18</li> <li>2. Tuberculosis→3, 2, 13, 4, 5, 15, 7, 8, 17, 12, 9, 10, 11, 6, 14, 16, 1, 18</li> <li>3. Chronic respiratory disease→3, 4, 2, 5, 7, 14, 13, 15, 12, 8, 17, 11, 9, 10, 16, 6, 1, 18</li> <li>4. Diarrhoea→6, 7, 2, 11, 8, 3, 4, 5, 9, 10, 13, 12, 17, 14, 1, 15, 16, 18</li> <li>5. Infections→2, 3, 4, 5, 17, 12, 7, 8, 6, 11, 13, 9, 10, 15, 14, 1, 16, 18</li> <li>6. Injuries→1, 9, 10, 7, 4, 16, 2, 3, 5, 8, 14, 11, 12, 17, 13, 15, 6, 18</li> <li>7. Measles→2, 12, 3, 4, 5, 8, 13, 9, 10, 6, 7, 17, 15, 11, 14, 1, 16, 18</li> <li>8. Meningitis→2, 7, 10, 9, 3, 4, 5, 16, 8, 11, 12, 17, 13, 14, 15, 1, 6, 18</li> <li>9. Malaria→2, 7, 8, 10, 9, 6, 12, 17, 4, 5, 3, 11, 13, 14, 1, 16, 15, 18</li> <li>10. Nutritional→ 12, 2, 5, 6, 7, 10, 14, 11, 13, 17, 3, 4, 8, 9, 1, 15, 16, 18</li> <li>11. Kidney problem / endocrine disease→8, 11, 7, 14, 12, 17, 2, 3, 4, 5, 9, 10, 13, 6, 15, 16, 1, 18</li> <li>12. Liver problem→17, 2, 8, 12, 7, 4, 6, 11, 14, 13, 9, 10, 15, 3, 5, 1, 16, 18</li> <li>13. Cancer→13, 15, 8, 2, 7, 4, 3, 5, 9, 11, 12, 17, 14, 10, 6, 1, 16, 18</li> <li>14. HIV/STI→12, 2, 13, 15, 7, 6, 4, 3, 8, 17, 9, 10, 16, 5, 11, 14, 1, 18</li> <li>15. Heart Disease→5, 4, 7, 9, 16, 10, 14, 11, 2, 3, 8, 6, 12, 13, 17, 15, 1, 18</li> <li>16. Stroke→ 16, 9, 10, 4, 5, 7, 14, 11, 2, 3, 8, 6, 12, 17, 13, 15, 1, 18</li> <li>17. Digestive Disease→8, 7, 6, 11, 2, 17, 12, 13, 9, 10, 14, 15, 3, 4, 5, 1, 16, 18</li> <li>18. Maternal Conditions→18, 11, 8, 7, 14, 2, 3, 4, 5, 9, 10, 12, 17, 13, 6, 15, 16, 1</li> <li>19. Others→1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18</li> </ol>