Verbal autopsy standards:

The 2012 WHO verbal autopsy instrument

Release Candidate 1

2012 WHO VERBAL AUTOPSY SAMPLE QUESTIONNAIRE 1

Death of a child Under 4 weeks (0-28 days)

DEATH OF A CHILD AGED UNDER 4 WEEKS (28 DAYS)		
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 1. BASIC INFORMATION ABOUT THE INTERVIEW AND THE RESPONDENT		
2A120	Name of verbal autopsy interviewer: Surname _____ Name _____	
2A140	RECORD THE DATE OF INTERVIEW	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
2A130	RECORD THE TIME AT START OF INTERVIEW MORNING =1 EVENING=2	MORNING/EVENING ☐ HOUR ☐☐ MINUTES ☐☐
2A100	Name of verbal autopsy respondent: Surname _____ Name _____	
2A110	What is your relationship to the deceased?	FATHER ☐ MOTHER ☐ SIBLING ☐ OTHER RELATIVE _____ (SPECIFY) ☐ NO RELATION ☐
2A115	Did you live with the deceased in the period leading to her/his death?	YES ☐ NO ☐
SECTION 2. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH		
1A100	What was the name of the deceased? Surname _____ Name _____	
1A110	Was the deceased female or male?	MALE ☐ FEMALE ☐
1A200	Is date of birth known?	YES ☐ NO ☐
1A210	+ When was the deceased born?	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
1A220	Is date of death known?	YES ☐ NO ☐
1A230	+ When did s/he die?	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
1A260	How old was the deceased when s/he died?	DAYS ☐☐ HOURS ☐☐
1A500	What was her/his citizenship/nationality?	CITIZEN BY BIRTH ☐ NATURALIZED CITIZ. ☐ ALIEN ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
1A510	What was her/his ethnicity?	ETHNICITY A ☐ ETHNICITY B ☐ ETHNICITY C ☐ OTHER (specify) _____
1A520	What was her/his place of birth?	
	1 Larger admin area (e.g., province) _____	LARGER ADNMIN AREA ☐☐☐
	2 Smaller admin area (e.g., county) _____	SMALLER ADMIN AREA ☐☐☐
	3 Locality (e.g., city, village) _____	LOCALITY ☐☐☐
		DON'T KNOW ☐
	4 Urban/Rural	URBAN ☐ RURAL ☐
	5 Other country	OTHER COUNTRY (specify) _____
1A530	What was her/his place of usual residence?	
	1 Larger admin area (e.g., province) _____	LARGER ADMIN AREA ☐☐☐
	2 Smaller admin area (e.g., county) _____	SMALLER ADMIN AREA ☐☐☐
	3 Locality (e.g., city, village) _____	LOCALITY ☐☐☐
		DON'T KNOW ☐
	4 Urban/Rural	URBAN ☐ RURAL ☐
	5 Other country	OTHER COUNTRY (specify) _____
1A550	Where did death occur?	
	1 Larger admin area (e.g., province) _____	LARGER ADMIN AREA ☐☐☐
	2 Smaller admin area (e.g., county) _____	SMALLER ADMIN AREA ☐☐☐
	3 Locality (e.g., city, village) _____	LOCALITY ☐☐☐
		DON'T KNOW ☐
	4 Urban/Rural	URBAN ☐ RURAL ☐
	5 Other country	OTHER COUNTRY (specify) _____
1A560	What was the site of death?	HOSPITAL ☐ OTHER HEALTH FACILITY ☐ HOME ☐ OTHER (specify) _____ ☐ DON'T KNOW ☐
1A630	What was the name of the mother?	
	Surname _____	
	Name _____	
1A620	What was the name of the father?	
	Surname _____	
	Name _____	
SECTION 3. DEATH REGISTRATION AND CERTIFICATION		
1A700	Death registration number	☐☐☐☐☐
1A710	Date of registration	DAY ☐☐
	RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	MONTH ☐☐
		YEAR ☐☐☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
1A720	Place where the death is registered: 1 Larger admin area (e.g., province) _____ 2 Smaller admin area (e.g., county) _____ 3 Locality (e.g., city, village) _____ 4 Urban/Rural 5 Name of local registrar Surname _____ Name _____	LARGER ADMIN AREA ☐☐☐ SMALLER ADMIN AREA ☐☐☐ LOCALITY ☐☐☐ URBAN ☐ RURAL ☐ DON'T KNOW ☐
1A730	National identification number of deceased	☐☐☐☐☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH		
	Could you tell me about the illness/events that led to her his/death?	
	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT	
	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 4. PREGNANCY HISTORY		
	I would like to ask you some questions concerning the mother and symptoms that the deceased had/showed at birth and shortly after. Some of these questions may not appear to be directly related to the baby's death. Kindly be patient and answer all the questions. They will help us to get a clear picture of all possible symptoms that [NAME] had	
3D500	How many births, including stillbirths, did the baby's mother have before this baby?	NUMBER OF BIRTHS/ STILLBIRTHS ☐☐ DON'T KNOW ☐
3D210	How many weeks was the pregnancy when the baby was born?	NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3D510	During the pregnancy did the baby's mother suffer from high blood pressure?	YES ☐ NO ☐ DON'T KNOW ☐
3D550	Did the baby's mother have vaginal bleeding during the last 3 months of pregnancy but before labour started?	YES ☐ NO ☐ DON'T KNOW ☐
3D520	Did the baby's mother have foul smelling vaginal discharge during pregnancy and/or after delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3D540	During the last 3 months of pregnancy did the baby's mother suffer from blurred vision?	YES ☐ NO ☐ DON'T KNOW ☐
3D530	During the last 3 months of pregnancy did the baby's mother suffer from convulsions?	YES ☐ NO ☐ DON'T KNOW ☐
3D100	Was the child part of a multiple birth?	YES ☐ NO ☐ DON'T KNOW ☐
3D110	Was the child born in a complicated delivery?	YES ☐ NO ☐ DON'T KNOW ☐
SECTION 5. DELIVERY HISTORY		
3D560	Was the child born in a health facility?	YES ☐ NO ☐ DON'T KNOW ☐
3D570	Was the child born at home?	YES ☐ NO ☐ DON'T KNOW ☐
3D580	Was the child born somewhere else (e.g. on the way to a health facility)?	YES ☐ NO ☐ DON'T KNOW ☐
3D590	Did the mother receive professional assistance during the delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3D120	Was the baby born 24 hours or more after the water broke?	YES ☐ NO ☐ DON'T KNOW ☐
3D130	Did the baby stop moving in the womb before labour started?	YES ☐ NO ☐ DON'T KNOW ☐
3D140	Was baby born in a normal vaginal delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3D150	Was baby born with forceps/vacuum?	YES ☐ NO ☐ DON'T KNOW ☐
3D160	Was baby delivered by caesarean section?	YES ☐ NO ☐ DON'T KNOW ☐
3D170	Did the baby's bottom, feet, arm or hand come into the vagina before its head?	YES ☐ NO ☐ DON'T KNOW ☐
SECTION 6. CONDITION OF THE BABY SOON AFTER BIRTH		
3D180	Was the baby of abnormal size?	YES ☐ NO ☐ DON'T KNOW ☐
3D190	+ Was the baby smaller than normal, weighing under + 2.5 kg?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3D200	+ Was the baby larger than normal, weighing over 4.5 kg?	YES NO DON'T KNOW
3D220	Was the umbilical cord wrapped several times (more than once) around the neck of the child at birth?	YES NO DON'T KNOW
3D230	Did the baby have any noticeable malformation?	YES NO DON'T KNOW
3D240	+ Did the baby have a swelling/defect on the back?	YES NO DON'T KNOW
3D250	+ Did the baby have a very large head?	YES NO DON'T KNOW
3D260	+ Did the baby have a very small head?	YES NO DON'T KNOW
3D280	Was the baby blue in colour at birth?	YES NO DON'T KNOW
3D300	Did the baby breathe after birth, even a little?	YES NO DON'T KNOW
3D310	Was the baby given assistance to breathe at birth?	YES NO DON'T KNOW
3D290	Did the baby ever cry after birth, even if only a little bit?	YES NO DON'T KNOW
3D320	If the baby did not cry or breathe, was it born dead?	YES NO DON'T KNOW
3D330	+ Was the dead baby macerated, that is, showed signs of decay?	YES NO DON'T KNOW
SECTION 7. HISTORY OF INJURIES/ACCIDENTS		
3E100	Did the baby suffer from any injury or accident that led to her/his death?	YES NO DON'T KNOW
3E110	+ Did the baby suffer from a road traffic accident?	YES NO DON'T KNOW
3E120	+ + Was the baby injured as a pedestrian?	YES NO DON'T KNOW
3E130	+ + + Was the baby injured as an occupant of a car vehicle?	YES NO DON'T KNOW
3E140	+ + + Was the baby injured as an occupant of a bus/heavy + + + transport vehicle?	YES NO DON'T KNOW
3E150	+ + Was the baby injured as a passenger of a motorcycle?	YES NO DON'T KNOW
3E170	+ + Do you know anything about the counter-part that was hit + + during the road traffic accident?	YES NO
3E200	+ + + Was it a pedestrian?	YES NO DON'T KNOW
3E210	+ + + Was it a stationary object?	YES NO DON'T KNOW
3E220	+ + + Was it a car vehicle?	YES NO DON'T KNOW
3E230	+ + + Was it a bus or heavy transport vehicle?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3E240	+ + + Was it a motor cycle?	YES NO DON'T KNOW
3E250	+ + + Was it a pedal cycle?	YES NO DON'T KNOW
3E260	+ + + Was it something else?	YES (specify) _____ NO DON'T KNOW
3E300	+ Was the baby injured in a non-road transport accident?	YES NO DON'T KNOW
3E310	+ + Was the baby injured in a fall?	YES NO DON'T KNOW
3E320	+ + Did the baby die of drowning?	YES NO DON'T KNOW
3E330	+ + Did the baby suffer from burns?	YES NO DON'T KNOW
3E340	+ + Did (s)he suffer from any plant/animal/insect bite or sting that led + + to her/his death?	YES NO DON'T KNOW
3E400	+ + + Was it a dog?	YES NO DON'T KNOW
3E410	+ + + Was it a snake?	YES NO DON'T KNOW
3E420	+ + + Was it an insect?	YES NO DON'T KNOW
3E500	+ + Was the baby injured by a force of nature?	YES NO DON'T KNOW
3E510	+ + Was there any poisoning?	YES NO DON'T KNOW
3E520	+ Was the baby subject to violence or assault?	YES NO DON'T KNOW
3E530	+ Was the injury or accident intentionally inflicted by someone else?	YES NO DON'T KNOW
3E600	+ + Was the baby injured by a fire arm?	YES NO DON'T KNOW
3E610	+ + Was the baby injured from a stab, cut or pierce?	YES NO DON'T KNOW
3E620	+ + Was the baby injured by machinery?	YES NO DON'T KNOW
3E630	+ + Was the baby struck by an animal or object?	YES NO DON'T KNOW
SECTION 8. NEONATAL ILLNESS HISTORY		
3A280	Did the baby die during the wet season?	YES NO DON'T KNOW
3A290	Did the baby die during the dry season?	YES NO DON'T KNOW
3A300	For how long was the baby ill before s/he died?	NUMBER OF HOURS NUMBER OF DAYS DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3A310	Did the baby die suddenly?	YES NO DON'T KNOW
3D340	Was the baby able to suckle or bottle-feed within first 24 hours after birth?	YES NO DON'T KNOW
3D350	+ Did the baby stop suckling of bottle feeding 3 days after birth?	YES NO DON'T KNOW
3B460	Did the baby have convulsions?	YES NO DON'T KNOW
3D360	+ Did the baby have convulsions starting within the first day of life?	YES NO DON'T KNOW
3S370	+ Did the baby have convulsions starting on the second day or + later after birth?	YES NO DON'T KNOW
3D380	Did the baby's body become stiff, with the back arched backwards?	YES NO DON'T KNOW
3D390	Did the child have bulging or raised fontanelle?	YES NO DON'T KNOW
3D400	Did the child have a sunken fontanelle?	YES NO DON'T KNOW
3D410	+ Did the baby become unresponsive or unconscious soon + after birth (within less than 24 hours)?	YES NO DON'T KNOW
3D420	+ Did the baby become unresponsive or unconscious more + than 1 day after birth?	YES NO DON'T KNOW
3B100	Did the baby have a fever?	YES NO DON'T KNOW
3D430	Did the baby become cold to the touch before it died?	YES NO DON'T KNOW
3B130	Did the baby have a cough?	YES NO DON'T KNOW
3B170	+ Did the baby make a whooping sound when coughing? DEMONSTRATE	YES NO DON'T KNOW
3B180	Did the baby have any breathing problem?	YES NO DON'T KNOW
3B190	+ Did the baby have fast breathing?	YES NO DON'T KNOW
3B210	+ Did the baby have breathlessness?	YES NO DON'T KNOW
3B250	+ Did you see the lower chest wall/ribs being pulled in as the child + breathed?	YES NO DON'T KNOW
3B260	+ Did the baby have noisy breathing (grunting or wheezing)? + DEMONSTRATE	YES NO DON'T KNOW
3B280	Did the baby have diarrhoea?	YES NO DON'T KNOW
3B300	+ At any time during the final illness was there blood in the stools?	YES NO DON'T KNOW
3B310	Did the baby vomit?	YES NO DON'T KNOW
3B320	+ Did the baby vomit "coffee grounds" or bright red/blood?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3B360	+ Did the baby have a more than usual protruding abdomen?	YES ☐ NO ☐ DON'T KNOW ☐
3D440	Did the baby have redness or discharge from the umbilical cord stump?	YES ☐ NO ☐ DON'T KNOW ☐
3B530	Did the baby have any skin problems?	YES ☐ NO ☐ DON'T KNOW ☐
3B540	+ Did the baby have any ulcers, abscess or sores + anywhere except the feet?	YES ☐ NO ☐ DON'T KNOW ☐
3B550	+ Did the baby have any ulcers, abscess or sores on the feet?	YES ☐ NO ☐ DON'T KNOW ☐
3B560	+ During the illness that led to death, did the baby have + any skin rash?	YES ☐ NO ☐ DON'T KNOW ☐
3B580	+ + Did the baby have measles rash?	YES ☐ NO ☐ DON'T KNOW ☐
3D450	Did the baby have yellow palms or soles?	YES ☐ NO ☐ DON'T KNOW ☐
3D460	Did the mother receive tetanus toxoid (TT) vaccine?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 9 TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS		
3G100	Was s/he adequately vaccinated?	YES ☐ NO ☐ DON'T KNOW ☐
3G110	Did s/he receive any treatment for the illness that led to death?	YES ☐ NO ☐ DON'T KNOW ☐
3G120	+ Did s/he receive oral rehydration salts?	YES ☐ NO ☐ DON'T KNOW ☐
3G130	+ Did s/he receive (or needed) intravenous fluids (drip) treatment?	YES ☐ NO ☐ DON'T KNOW ☐
3G140	+ Did s/he receive (or needed) a blood transfusion?	YES ☐ NO ☐ DON'T KNOW ☐
3G150	+ Did s/he receive (or needed) treatment/food through a tube passed + through the nose?	YES ☐ NO ☐ DON'T KNOW ☐
3G160	+ Did s/he receive (or needed) injectable (IV or IM) antibiotics?	YES ☐ NO ☐ DON'T KNOW ☐
3G170	+ Did s/he have (or needed) an operation for the illness?	YES ☐ NO ☐ DON'T KNOW ☐
3G190	+ Was s/he discharged from the hospital very ill?	YES ☐ NO ☐ DON'T KNOW ☐
SECTION 10. BACKGROUND		
4A100	In the final days, did the baby travel to a hospital or health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A110	+ Did s/he use motorised transport to get to the hospital or + health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A120	+ Were there any problems during admission to the hospital or + health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A130	+ Were there any problems with the way (s)he was treated (medical treatment, + procedures, inter-personal attitudes, respect, dignity) in the + hospital or health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A140	+ Were there any problems getting medications, or diagnostic tests + in the hospital or health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A150	Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?	YES ☐ NO ☐ DON'T KNOW ☐
4A160	In the final days before death, were there any doubts about whether medical care was needed?	YES ☐ NO ☐ DON'T KNOW ☐
4A170	In the final days before death, was traditional medicine used?	YES ☐ NO ☐ DON'T KNOW ☐
4A180	In the final days before death, did anyone use a telephone or cell phone to call for help?	YES ☐ NO ☐ DON'T KNOW ☐
4A190	Over the course of illness, did the total costs of care and treatment prohibit other household payments?	YES ☐ NO ☐ DON'T KNOW ☐

5A100	INTERVIEWER'S OBSERVATIONS TO BE FILLED IN AFTER COMPLETING INTERVIEW
COMMENTS ON SPECIFIC QUESTIONS:	
ANY OTHER COMMENTS:	
	SUPERVISOR'S OBSERVATIONS
NAME OF THE SUPERVISOR: _____	DATE: _____

2012 WHO VERBAL AUTOPSY SAMPLE QUESTIONNAIRE 2

Death of a child aged 4 weeks to 14 years

World Health Organization

2012 WHO VERBAL AUTOPSY [FORM 2]
DEATH OF A CHILD AGED 4 WEEKS (29 DAYS) TO 14 YEARS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 1. BASIC INFORMATION ABOUT THE INTERVIEW AND THE RESPONDENT		
2A120	Name of verbal autopsy interviewer: Surname _____ Name _____	
2A140	RECORD THE DATE OF INTERVIEW	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
2A130	RECORD THE TIME AT START OF INTERVIEW MORNING =1 EVENING=2	MORNING/EVENING ☐ HOUR ☐☐ MINUTES ☐☐
2A100	Name of verbal autopsy respondent Surname _____ Name _____	
2A110	What is your relationship to the deceased?	FATHER ☐ MOTHER ☐ SPOUSE ☐ SIBLING ☐ OTHER RELATIVE _____ (SPECIFY) ☐ NO RELATION ☐
2A115	Did you live with the deceased in the period leading to her/his death?	YES ☐ NO ☐
SECTION 2. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH		
1A100	What was the name of the deceased? Surname _____ Name _____	
1A110	Was the deceased female or male?	FEMALE ☐ MALE ☐
1A200	Is date of birth known?	YES ☐ NO ☐
1A210	+ When was the deceased born?	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
1A220	Is date of death known?	YES ☐ NO ☐
1A230	+ When did s/he die?	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
1A240 1A250	How old was the deceased when s/he died? IF AGE IS LESS THAN 1 YEAR RECORD IN MONTHS	AGE IN YEARS ☐☐ AGE IN MONTHS ☐☐
1A400	Was this a woman who died more than 42 days but less than 1 year after being pregnant or delivering a baby?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
1A500	What was her/his citizenship/nationality?	CITIZEN BY BIRTH ☐ NATURALIZED CITIZ. ☐ ALIEN ☐ DON'T KNOW ☐
1A510	What was her/his ethnicity?	ETHNICITY A ☐ ETHNICITY B ☐ ETHNICITY C ☐ OTHER (specify) _____
1A520	What was her/his place of birth? 1 Larger admin area (e.g., province) _____ 2 Smaller admin area (e.g., county) _____ 3 Locality (e.g., city, village) _____ 4 Urban/Rural 5 Other country	LARGER ADMIN AREA ☐☐☐ SMALLER ADMIN AREA ☐☐☐ LOCALITY ☐☐☐ DON'T KNOW ☐ URBAN ☐ RURAL ☐ OTHER COUNTRY (specify) _____
1A530	What was her/his place of usual residence? 1 Larger admin area (e.g., province) _____ 2 Smaller admin area (e.g., county) _____ 3 Locality (e.g., city, village) _____ 4 Urban/Rural 5 Other country	LARGER ADMIN AREA ☐☐☐ SMALLER ADMIN AREA ☐☐☐ LOCALITY ☐☐☐ DON'T KNOW ☐ URBAN ☐ RURAL ☐ OTHER COUNTRY (specify) _____
1A540	What was her/his place of normal residence 1 to 5 years before death? 1 Larger admin area (e.g., province) _____ 2 Smaller admin area (e.g., county) _____ 3 Locality (e.g., city, village) _____ 4 Urban/Rural 5 Other country	LARGER ADMIN AREA ☐☐☐ SMALLER ADMIN AREA ☐☐☐ LOCALITY ☐☐☐ DON'T KNOW ☐ URBAN ☐ RURAL ☐ OTHER COUNTRY (specify) _____
1A550	Where did death occur? 1 Larger admin area (e.g., province) _____ 2 Smaller admin area (e.g., county) _____ 3 Locality (e.g., city, village) _____ 4 Urban/Rural 5 Other country	LARGER ADMIN AREA ☐☐☐ SMALLER ADMIN AREA ☐☐☐ LOCALITY ☐☐☐ DON'T KNOW ☐ URBAN ☐ RURAL ☐ OTHER COUNTRY (specify) _____
1A560	What was the site of death?	HOSPITAL ☐ OTHER HEALTH FACILITY ☐ HOME ☐ OTHER (specify) _____ ☐ DON'T KNOW ☐
1A600	What was her/his marital status?	NEVER MARRIED ☐ MARRIED/LIVING WITH A PARTNER ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED ☐ DON'T KNOW ☐
1A610	What was the date of marriage? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
1A630	What was the name of the mother? Surname _____ Name _____	
1A620	What was the name of the father? Surname _____ Name _____	
1A640	What was her/his highest level of schooling?	NO FORMAL EDUCATION ☐ PRIMARY ☐ SECONDARY ☐ HIGHER ☐ DON'T KNOW ☐
1A650	Was s/he able to read and write?	YES ☐ NO ☐ DON'T KNOW ☐
1A660	What was her/his economical activity status in year prior to death?	USUALLY ECONOMICALLY ACTIVE MAINLY EMPLOYED ☐ MAINLY UNEMPLOYED ☐ NOT ECONOMICALLY ACTIVE HOME-MAKER ☐ STUDENT ☐ PENSION ☐ OTHER (specify) _____ ☐ DON'T KNOW ☐
1A670	What was her/his occupation, that is, what kind of work did s/he mainly do?	_____ _____ _____
SECTION 3. DEATH REGISTRATION AND CERTIFICATION		
1A700	Death registration number	☐☐☐☐☐☐
1A710	Date of registration RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
1A720	Place where the death is registered: 1 Larger admin area (e.g., province) _____ 2 Smaller admin area (e.g., county) _____ 3 Locality (e.g., city, village) _____ 4 Urban/Rural 5 Name of local registrar Surname _____ Name _____	LARGER ADMIN AREA ☐☐☐ SMALLER ADMIN AREA ☐☐☐ LOCALITY ☐☐☐ URBAN ☐ RURAL ☐ DON'T KNOW ☐
1A730	National identification number of deceased	☐☐☐☐☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH		
	Could you tell me about the illness/events that led to her his/death?	
	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT	
	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT	
SECTION 5. CONTEXT AND HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS		
	I would like to ask you some questions concerning the contexts and previously known medical conditions the deceased had; injuries and accidents that the deceased suffered; and signs and symptoms that the deceased had/showed when s/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the deceased had.	
3A100	Was there any diagnosis of Tuberculosis?	YES ☐ NO ☐ DON'T KNOW ☐
3A110	Was there any diagnosis of HIV/AIDS?	YES ☐ NO ☐ DON'T KNOW ☐
3A120	Did s/he have a recent positive test for Malaria?	YES ☐ NO ☐ DON'T KNOW ☐
3A130	Did s/he have a recent negative test for Malaria?	YES ☐ NO ☐ DON'T KNOW ☐
3A140	Was there any diagnosis of Measles?	YES ☐ NO ☐ DON'T KNOW ☐
3A150	Was there any diagnosis of High Blood Pressure?	YES ☐ NO ☐ DON'T KNOW ☐
3A160	Was there any diagnosis of Heart Disease?	YES ☐ NO ☐ DON'T KNOW ☐
3A170	Was there any diagnosis of Diabetes?	YES ☐ NO ☐ DON'T KNOW ☐
3A180	Was there any diagnosis of Asthma?	YES ☐ NO ☐ DON'T KNOW ☐
3A190	Was there any diagnosis of Epilepsy?	YES ☐ NO ☐ DON'T KNOW ☐
3A200	Was there any diagnosis of Cancer?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3A210	Was there any diagnosis of Chronic Obstructive Pulmonary Disease (COPD)?	YES ☐ NO ☐ DON'T KNOW ☐
3A220	Was there any diagnosis of Dementia?	YES ☐ NO ☐ DON'T KNOW ☐
3A230	Was there any diagnosis of Depression?	YES ☐ NO ☐ DON'T KNOW ☐
3A240	Was there any diagnosis of Stroke?	YES ☐ NO ☐ DON'T KNOW ☐
3A250	Was there any diagnosis of Sickle Cell disease?	YES ☐ NO ☐ DON'T KNOW ☐
3A260	Was there any diagnosis of Kidney disease?	YES ☐ NO ☐ DON'T KNOW ☐
3A270	Was there any diagnosis of Liver disease?	YES ☐ NO ☐ DON'T KNOW ☐
3A280	Did s/he die during the wet season?	YES ☐ NO ☐ DON'T KNOW ☐
3A290	Did s/he die during the dry season?	YES ☐ NO ☐ DON'T KNOW ☐
3A300	For how long was s/he ill before s/he died?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3A310	Did s/he die suddenly?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 6. HISTORY OF INJURIES/ACCIDENTS		
3E100	Did s/he suffer from any injury or accident that led to her/his death?	YES ☐ NO ☐ DON'T KNOW ☐
3E110	+ Did s/he suffer from a road traffic accident?	YES ☐ NO ☐ DON'T KNOW ☐
3E120	+ + Was s/he injured as a pedestrian/walking?	YES ☐ NO ☐ DON'T KNOW ☐
3E130	+ + Was s/he injured as an occupant of a car vehicle?	YES ☐ NO ☐ DON'T KNOW ☐
3E140	+ + Was s/he injured as an occupant of a bus/heavy transport vehicle?	YES ☐ NO ☐ DON'T KNOW ☐
3E150	+ + Was s/he injured as a driver or passenger of a motorcycle?	YES ☐ NO ☐ DON'T KNOW ☐
3E160	+ + Was s/he injured as a pedal cyclist?	YES ☐ NO ☐ DON'T KNOW ☐
3E170	+ + Do you know anything about the counter-part that was hit during the road traffic accident?	YES ☐ NO ☐
3E200	+ + + Was it a pedestrian?	YES ☐ NO ☐ DON'T KNOW ☐
3E210	+ + + Was it a stationary object?	YES ☐ NO ☐ DON'T KNOW ☐
3E220	+ + + Was it a car vehicle?	YES ☐ NO ☐ DON'T KNOW ☐
3E230	+ + + Was it a bus or heavy transport vehicle?	YES ☐ NO ☐ DON'T KNOW ☐
3E240	+ + + Was it a motor cycle?	YES ☐ NO ☐ DON'T KNOW ☐
3E250	+ + + Was it a pedal cycle?	YES ☐ NO ☐ DON'T KNOW ☐
3E260	+ + + Was it something else?	YES (specify) _____ ☐ NO ☐ DON'T KNOW ☐
3E300	+ Was s/he injured in a non-road transport accident?	YES ☐ NO ☐ DON'T KNOW ☐
3E310	+ + Was s/he injured in a fall?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3E320	+ + Did s/he die of drowning?	YES ☐ NO ☐ DON'T KNOW ☐
3E330	+ + Did s/he suffer from burns?	YES ☐ NO ☐ DON'T KNOW ☐
3E340	+ + Did (s)he suffer from any plant/animal/insect bite or sting that led to + + her/his death?	YES ☐ NO ☐ DON'T KNOW ☐
3E400	+ + + Was it a dog?	YES ☐ NO ☐ DON'T KNOW ☐
3E410	+ + + Was it a snake?	YES ☐ NO ☐ DON'T KNOW ☐
3E420	+ + + Was it an insect?	YES ☐ NO ☐ DON'T KNOW ☐
3E500	+ + Was s/he injured by a force of nature?	YES ☐ NO ☐ DON'T KNOW ☐
3E510	+ + Was there any poisoning?	YES ☐ NO ☐ DON'T KNOW ☐
3E520	+ Was s/he subject to violence or assault?	YES ☐ NO ☐ DON'T KNOW ☐
3E530	+ Was the injury or accident intentionally inflicted by someone else?	YES ☐ NO ☐ DON'T KNOW ☐
3E600	+ + Was s/he injured by a fire arm?	YES ☐ NO ☐ DON'T KNOW ☐
3E610	+ + Was s/he injured from a stab, cut or pierce?	YES ☐ NO ☐ DON'T KNOW ☐
3E620	+ + Was s/he injured by machinery?	YES ☐ NO ☐ DON'T KNOW ☐
3E630	+ + Was s/he struck by an animal or object?	YES ☐ NO ☐ DON'T KNOW ☐
3E700	+ Do you think that s/he committed suicide?	YES ☐ NO ☐ DON'T KNOW ☐
	CHECK QUESTIONS 1A240 AND 1A250 FOR AGE AT DEATH: IF UNDER ONE YEAR ☐ ↓ IF ONE YEAR OR OLDER ☐ → JUMP TO SECTION 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
	SECTION 7. SYMPTOMS AND SIGNS NOTED DURING THE FINAL ILLNESS OF INFANTS	
3D190	Was the child born smaller than normal, weighing under 2.5 kg?	YES ☐ NO ☐ DON'T KNOW ☐
3D210	How many weeks was the pregnancy when the baby was born?	NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3D390	Did the child have bulging of the fontanelle?	YES ☐ NO ☐ DON'T KNOW ☐
3D400	Did the child have a sunken fontanelle?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 8. SYMPTOMS NOTED DURING THE FINAL ILLNESS FOR ALL CHILDREN		
3D220	Did the child have any noticeable malformation?	YES ☐ NO ☐ DON'T KNOW ☐
3D240	+ Did the child have a swelling or defect on the back?	YES ☐ NO ☐ DON'T KNOW ☐
3D250	+ Did the child have a very large head?	YES ☐ NO ☐ DON'T KNOW ☐
3D260	+ Did the child have a very small head?	YES ☐ NO ☐ DON'T KNOW ☐
3B100	Did s/he have a fever?	YES ☐ NO ☐ DON'T KNOW ☐
3B110	+ For how long did s/he have a fever?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B120	+ Did s/he have night sweats?	YES ☐ NO ☐ DON'T KNOW ☐
3B130	Did s/he have a cough?	YES ☐ NO ☐ DON'T KNOW ☐
3B140	+ For how long did s/he have a cough?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B170	+ Did s/he make a whooping sound when coughing?	YES ☐ NO ☐ DON'T KNOW ☐
3B150	+ Was the cough productive with sputum?	YES ☐ NO ☐ DON'T KNOW ☐
3B160	+ Did s/he cough out blood?	YES ☐ NO ☐ DON'T KNOW ☐
3B180	Did s/he have any breathing problem?	YES ☐ NO ☐ DON'T KNOW ☐
3B190	+ Did s/he have fast breathing?	YES ☐ NO ☐ DON'T KNOW ☐
3B200	+ + For how long did s/he have fast breathing?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B210	+ Did s/he have breathlessness?	YES ☐ NO ☐ DON'T KNOW ☐
3B220	+ + For how long did s/he have breathlessness?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B230	+ + Was s/he unable to carry out daily routine activities due to + + breathlessness?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3B240	+ + Was s/he breathless while lying flat?	YES ☐ NO ☐ DON'T KNOW ☐
3B250	+ Did you see the lower chest wall/ribs be pulled in as the child + breathed?	YES ☐ NO ☐ DON'T KNOW ☐
3B260	+ Did s/he have noisy breathing (grunting or wheezing)? + DEMONSTRATE	YES ☐ NO ☐ DON'T KNOW ☐
3B270	Did s/he have severe chest pain?	YES ☐ NO ☐ DON'T KNOW ☐
3B280	Did s/he have diarrhoea?	YES ☐ NO ☐ DON'T KNOW ☐
3B290	+ For how long did s/he have diarrhoea?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B300	+ At any time during the final illness was there blood in the stools?	YES ☐ NO ☐ DON'T KNOW ☐
3B310	Did s/he vomit?	YES ☐ NO ☐ DON'T KNOW ☐
3B320	+ Did s/he vomit "coffee grounds" or bright red/blood?	YES ☐ NO ☐ DON'T KNOW ☐
3B330	Did s/he have any abdominal problem?	YES ☐ NO ☐ DON'T KNOW ☐
3B340	+ Did s/he have severe abdominal pain?	YES ☐ NO ☐ DON'T KNOW ☐
3B350	+ + For how long before death did s/he have severe abdominal + + pain?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B360	+ Did s/he have a more than usual protruding abdomen?	YES ☐ NO ☐ DON'T KNOW ☐
3B370	+ + For how long did s/he have a more than usual protruding + + abdomen?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B380	+ Did s/he have any lump inside the abdomen?	YES ☐ NO ☐ DON'T KNOW ☐
3B390	+ + For how long did s/he have the lump inside the abdomen?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B400	Did s/he have a severe headache?	YES ☐ NO ☐ DON'T KNOW ☐
3B405	Did s/he have a stiff or painful neck?	YES ☐ NO ☐ DON'T KNOW ☐
3B410	+ For how long did s/he have a stiff or painful neck?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B420	Did s/he have mental confusion?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3B430	+ For how long did s/he have mental confusion?	NUMBER OF DAYS ☐☐ NUMBER OF MONTHS ☐☐ DON'T KNOW ☐
3B440	Was s/he unconscious for more than 24 hours?	YES ☐ NO ☐ DON'T KNOW ☐
3B450	+ Did the unconsciousness start suddenly, quickly (at least within + a single day)?	YES ☐ NO ☐ DON'T KNOW ☐
3B460	Did s/he have convulsions?	YES ☐ NO ☐ DON'T KNOW ☐
3B470	+ For how long did s/he have convulsions?	NUMBER OF MINUTES ☐☐ DON'T KNOW ☐
3B480	+ Did s/he became unconscious immediately after the convulsion?	YES ☐ NO ☐ DON'T KNOW ☐
3B490	Did s/he have any urine problems?	YES ☐ NO ☐ DON'T KNOW ☐
3B500	+ Did s/he pass no urine at all?	YES ☐ NO ☐ DON'T KNOW ☐
3B510	+ Did s/he go to urinate more often than usual?	YES ☐ NO ☐ DON'T KNOW ☐
3B520	+ During the final illness did s/he ever pass blood in the urine?	YES ☐ NO ☐ DON'T KNOW ☐
3B530	Did s/he have any skin problems?	YES ☐ NO ☐ DON'T KNOW ☐
3B540	+ Did s/he have any ulcers, abscess or sores + anywhere except on the feet?	YES ☐ NO ☐ DON'T KNOW ☐
3B550	+ Did (s)he have any ulcers, abscess or sores on the feet + that were not also on other parts of the body?	YES ☐ NO ☐ DON'T KNOW ☐
3B560	+ During the illness that led to death, did s/he have any skin rash?	YES ☐ NO ☐ DON'T KNOW ☐
3B570	+ + For how long did s/he have the skin rash?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B580	+ + Did s/he have measles rash?	YES ☐ NO ☐ DON'T KNOW ☐
3B590	+ + Did s/he ever have shingles/herpes zoster?	YES ☐ NO ☐ DON'T KNOW ☐
3B600	Did s/he have bleeding from the nose, mouth, or anus?	YES ☐ NO ☐ DON'T KNOW ☐
3B610	Did s/he have noticeable weight loss?	YES ☐ NO ☐ DON'T KNOW ☐
3B620	+ Was s/he severely thin or wasted?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3B630	Did s/he have mouth sores or white patches in the mouth or on the tongue?	YES ☐ NO ☐ DON'T KNOW ☐
3B640	Did s/he have stiffness of the whole body or was unable to open the mouth?	YES ☐ NO ☐ DON'T KNOW ☐
3B650	Did s/he have swelling (puffiness) of the face?	YES ☐ NO ☐ DON'T KNOW ☐
3B660	Did s/he have both feet swollen?	YES ☐ NO ☐ DON'T KNOW ☐
3B670	Did s/he have any lumps?	YES ☐ NO ☐ DON'T KNOW ☐
3B680	+ Did s/he have a lumps or lesions in the mouth?	YES ☐ NO ☐ DON'T KNOW ☐
3B690	+ Did s/he have any lumps on the neck?	YES ☐ NO ☐ DON'T KNOW ☐
3B700	+ Did s/he have any lumps on the armpit?	YES ☐ NO ☐ DON'T KNOW ☐
3B710	+ Did s/he have any lumps on the groin?	YES ☐ NO ☐ DON'T KNOW ☐
3B730	Did s/he have paralysis of one side of the body?	YES ☐ NO ☐ DON'T KNOW ☐
3B740	Did s/he have difficulty or pain while swallowing liquids?	YES ☐ NO ☐ DON'T KNOW ☐
3B750	Did s/he have yellow discoloration of the eyes?	YES ☐ NO ☐ DON'T KNOW ☐
3B760	Did her/his hair colour change to reddish or yellowish?	YES ☐ NO ☐ DON'T KNOW ☐
3B770	Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?	YES ☐ NO ☐ DON'T KNOW ☐
3B780	Did s/he have sunken eyes?	YES ☐ NO ☐ DON'T KNOW ☐
3D270	Was the child not growing normally?	YES ☐ NO ☐ DON'T KNOW ☐
3B790	Did (s)he drink a lot more water than usual?	YES ☐ NO ☐ DON'T KNOW ☐
	CHECK QUESTIONS 1A110, 1A240 AND 1A250 FOR SEX AND AGE AT DEATH: IF FEMALE BETWEEN 12 - 14 YEARS ☐ ↓ IF MALE OR FEMALE UNDER 12 YEARS ☐ → JUMP TO SECTION 10	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
	SECTION 9. SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY	
3C100	Was she neither pregnant, nor delivered, within 6 weeks of her death? **OR**	YES skip pregnancy section if YES ☐ NO ☐ DON'T KNOW ☐
3C110	Was she pregnant at the time of death? **OR**	YES ☐ NO ☐ DON'T KNOW ☐
3C120	Did she die within 6 weeks of giving birth? **OR**	YES ☐ NO ☐ DON'T KNOW ☐
3C130	Did she die within 6 weeks of a pregnancy that lasted less than 6 months?	YES ☐ NO ☐ DON'T KNOW ☐
3C200	+ Did she die within 24 hours after delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3C210	+ Did she die during labour, but undelivered?	YES ☐ NO ☐ DON'T KNOW ☐
3C220	+ Was she breastfeeding at death?	YES ☐ NO ☐ DON'T KNOW ☐
3C230	+ How many births, including stillbirths, did she have + before this baby?	NUMBER OF BIRTHS/STILLBIRTHS ☐☐ DON'T KNOW ☐
3C240	+ Did she have any previous C-section?	YES ☐ NO ☐ DON'T KNOW ☐
3C250	+ Did she die during or after a multiple pregnancy?	YES ☐ NO ☐ DON'T KNOW ☐
3C260	+ During pregnancy, did she suffer from high blood pressure?	YES ☐ NO ☐ DON'T KNOW ☐
3C270	+ Did she have foul smelling vaginal discharge during pregnancy + or after delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3C280	+ During the last 3 months of pregnancy, did she suffer from + convulsions?	YES ☐ NO ☐ DON'T KNOW ☐
3C290	+ During the last 3 months of pregnancy, did she suffer from + blurred vision?	YES ☐ NO ☐ DON'T KNOW ☐
3C300	+ Did she give birth to a live, healthy baby within 6 weeks of death?	YES ☐ NO ☐ DON'T KNOW ☐
3C310	+ Was there any vaginal bleeding during pregnancy or + after delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3C320	+ + Was there vaginal bleeding during the first 6 moths + + of pregnancy?	YES ☐ NO ☐ DON'T KNOW ☐
3C330	+ + Was there vaginal bleeding during the last 3 months of + + pregnancy but before labour started?	YES ☐ NO ☐ DON'T KNOW ☐

2012 WHO VERBAL AUTOPSY [FORM 2] DEATH OF A CHILD AGED 4 WEEKS TO 14 YEARS		
NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**
3C340	+ + Was there excessive vaginal bleeding during labour?	YES ☐ NO ☐ DON'T KNOW ☐
3C350	+ + Was there excessive vaginal bleeding after delivering the baby?	YES ☐ NO ☐ DON'T KNOW ☐
3C360	+ Was the placenta not completely delivered?	YES ☐ NO ☐ DON'T KNOW ☐
3C365	+ Did she deliver or try to deliver an abnormally positioned baby?	YES ☐ NO ☐ DON'T KNOW ☐
3C370	+ Was she in labour for unusually long (more than 24 hours)?	YES ☐ NO ☐ DON'T KNOW ☐
3C380	Did she attempt to terminate the pregnancy?	YES ☐ NO ☐ DON'T KNOW ☐
3C390	+ Did she recently have a pregnancy that ended in + an abortion (spontaneous or induced)?	YES ☐ NO ☐ DON'T KNOW ☐
3C400	+ Did she give birth in a health facility?	YES ☐ NO ☐ DON'T KNOW ☐
3C410	+ Did she give birth at home?	YES ☐ NO ☐ DON'T KNOW ☐
3C420	Did she give birth elsewhere, e.g. on the way to a facility?	YES ☐ NO ☐ DON'T KNOW ☐
3C430	+ Did she receive professional assistance for the delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3C440	+ Did she have an operation to remove her uterus shortly + before death?	YES ☐ NO ☐ DON'T KNOW ☐
3C450	+ Did she have a normal vaginal delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3C460	+ Did she have an assisted delivery, with forceps/vacuum?	YES ☐ NO ☐ DON'T KNOW ☐
3C470	+ Was it a delivery with caesarean section?	YES ☐ NO ☐ DON'T KNOW ☐
3C480	+ Was the baby born more than one month early?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 10. TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS		
3G100	Was s/he adequately vaccinated?	YES ☐ NO ☐ DON'T KNOW ☐
3G110	Did s/he receive any treatment for the illness that led to death?	YES ☐ NO ☐ DON'T KNOW ☐
3G120	+ Did s/he receive oral rehydration salts?	YES ☐ NO ☐ DON'T KNOW ☐
3G130	+ Did s/he receive (or needed) intravenous fluids (drip) treatment?	YES ☐ NO ☐ DON'T KNOW ☐
3G140	+ Did s/he receive (or needed) a blood transfusion?	YES ☐ NO ☐ DON'T KNOW ☐
3G150	+ Did s/he receive (or needed) treatment/food through a tube passed + through the nose?	YES ☐ NO ☐ DON'T KNOW ☐
3G160	+ Did s/he receive (or needed) injectable (IV or IM) antibiotics?	YES ☐ NO ☐ DON'T KNOW ☐
3G170	+ Did s/he have (or needed) an operation for the illness?	YES ☐ NO ☐ DON'T KNOW ☐
3G180	+ + Did s/he have the operation within 1 month before death?	YES ☐ NO ☐ DON'T KNOW ☐
3G190	+ Was s/he discharged from the hospital very ill?	YES ☐ NO ☐ DON'T KNOW ☐
SECTION 11. BACKGROUND		
4A100	In the final days before death, did s/he travel to a hospital or health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A110	+ Did s/he use motorised transport to get to the hospital or + health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A120	+ Were there any problems during admission to the hospital or + health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A130	+ Were there any problems with the way (s)he was treated (medical treatment, + procedures, inter-personal attitudes, respect, dignity) in the + hospital or health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A140	+ Were there any problems getting medications, or diagnostic tests + in the hospital or health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A150	Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?	YES ☐ NO ☐ DON'T KNOW ☐
4A160	In the final days before death, were there any doubts about whether medical care was needed?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
4A170	In the final days before death, was traditional medicine used?	YES ☐ NO ☐ DON'T KNOW ☐
4A180	In the final days before death, did anyone use a telephone or cell phone to call for help?	YES ☐ NO ☐ DON'T KNOW ☐
4A190	Over the course of illness, did the total costs of care and treatment prohibit other household payments?	YES ☐ NO ☐ DON'T KNOW ☐

5A100

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____