

# CHAMPS Verbal Autopsy

## Sample Questionnaire



### Death of a child aged under four weeks

Powered by CHAMPS Engine

ID	Question	Answer(s)	Skip
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alt\_id\_1

Do you have any alternate identifiers to associate with this record?

Hint:

Fill in one ID number here and if there are additional ID numbers complete next question series

☐ Yes

☐ No

10002

ID	Question	Answer(s)	Alternate IDs
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alt\_id\_1\_1

Enter Alternate Id (1)

Hint:

☐ DSS\_ID

☐ Alternate\_ID

ID	Question	Answer(s)	Skip
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alt\_id\_2

Do you have another alternate identifier to associate with this record?

Hint:

☐ Yes

☐ No

10002

ID	Question	Answer(s)	Alternate IDs
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alt\_id\_2\_2

Select the type of ID recorded

Hint:

☐ DSS\_ID

☐ Alternate\_ID

ID	Question	Answer(s)	Skip
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alt\_id\_3

Do you have another alternate identifier to associate with this record?

Hint:

☐ Yes

☐ No

10002

ID	Question	Answer(s)	Alternate IDs
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alt\_id\_3\_2

Select the type of ID recorded

Hint:

☐ DSS\_ID

☐ Alternate\_ID

ID	Question	Answer(s)	Skip
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presets

Information about the prevalence of malaria and HIV. This section is for the interviewer to complete and is not to be asked of the respondents.

Hint:

ID	Question	Answer(s)	Skip
Id10002	[Is this a region of high HIV/AIDS prevalence?]		
Hint:	Should be completed by the central office. HIGH corresponds to >1% of deaths, LOW around 0.1%, VERY LOW < 0.01%.		
		<input type="checkbox"/> High	<input type="text"/>
		<input type="checkbox"/> Low	<input type="text"/>
		<input type="checkbox"/> Very low	<input type="text"/>
Id10003	[Is this a region of high malaria prevalence?]		
Hint:	Should be completed by the central office. HIGH corresponds to > 1% of deaths, LOW around 0.1%, VERY LOW < 0.01%.		
		<input type="checkbox"/> High	<input type="text"/>
		<input type="checkbox"/> Low	<input type="text"/>
		<input type="checkbox"/> Very low	<input type="text"/>
Id10004	[During which season did (s)he die?]		
Hint:			
		<input type="checkbox"/> Wet	<input type="text"/>
		<input type="checkbox"/> Dry	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
Id10007	What is the name of VA respondent?		
Hint:	<input type="text"/>		
Id10008	What is your/the respondent's relationship to the deceased?		
Hint:	First verify if the respondent is a family member, and only if it is not a family member choose the other categories like health worker or public official.		
		<input type="checkbox"/> Parent	<input type="text"/>
		<input type="checkbox"/> Child	<input type="text"/>
		<input type="checkbox"/> Other family member	<input type="text"/>
		<input type="checkbox"/> Friend	<input type="text"/>
		<input type="checkbox"/> Health worker	<input type="text"/>
		<input type="checkbox"/> Public official	<input type="text"/>
		<input type="checkbox"/> Another relationship	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10009	Did you/the respondent live with the deceased in the period leading to her/his death?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10010	[Name of VA interviewer]		
Hint:		<input type="text"/>	
Id10011	[Time at start of interview]		
Hint:	[hh:mm 24h]	HH: <input type="text"/> <input type="text"/>	MM: <input type="text"/> <input type="text"/>
Id10012	[Date of interview]		
Hint:	[dd/mm/yyyy]	Day/	Month/
		Year/	
Id10013	[Did the respondent give consent?]		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10481"/>
Id10017	What was the first or given name(s) of the deceased?		
Hint:		<input type="text"/>	
Id10018	What was the surname (or family name) of the deceased?		
Hint:		<input type="text"/>	
Id10019	What was the sex of the deceased?		
Hint:		<input type="checkbox"/> Female	<input type="text"/>
		<input type="checkbox"/> Male	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10020	Is the date of birth known?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10022"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10022"/>

ID	Question	Answer(s)	Skip
Id10021	When was the deceased born?		
Hint:	Enter [Day/Month/Year] to select previous years, click or tap the month name, then click or tap the year.		
		Day/    Month/    Year/	

ID	Question	Answer(s)	Skip
Id10022	Is the date of death known?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10024"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="Age_group"/>

ID	Question	Answer(s)	Skip
Id10023	When did (s)he die?		
Hint:	Enter [Day/Month/Year]		
		Day/    Month/    Year/	

ID	Question	Answer(s)	Skip
Id10024	Please indicate the year of death.		
Hint:		Year: <input type="text"/> <input type="text"/>	

ID	Question	Answer(s)	Skip
age_group	What age group corresponds to the deceased?		
Hint:	(1) Neonatal 0-27 completed days; (2) Child 28 days - 11 years; (3) Adult - above 11 years		
		<input type="checkbox"/> Neonate	<input type="text"/>

ID	Question	Answer(s)	Skip
age_neonate_u	[Enter neonate's age in]:		
Hint:	If < 1 day, enter in hours or minutes. If < 1 hour, enter in minutes.		
		<input type="checkbox"/> Days <input type="text"/> <input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Hours <input type="text"/> <input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Minutes <input type="text"/> <input type="text"/>	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10058	Where did the deceased die?		
Hint:		<input type="checkbox"/> Hospital	<input type="text"/>
		<input type="checkbox"/> Other health facility	<input type="text"/>
		<input type="checkbox"/> Home	<input type="text"/>
		<input type="checkbox"/> On route to hospital or facility	<input type="text"/>
		<input type="checkbox"/> Other	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10051	[Is there a need to collect civil registration data on the deceased?]		
Hint:	If you choose 'No', this question allows you to skip asking details about place of residence, education and family. The question on marriage status will always be asked for adults.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10069"/>

ID	Question	Answer(s)	Skip
Id10052	What was her/his citizenship/nationality?		
Hint:		<input type="checkbox"/> Citizen at birth	<input type="text"/>
		<input type="checkbox"/> Naturalized citizen	<input type="text"/>
		<input type="checkbox"/> Foreign national	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10053	What was her/his ethnicity?		
Hint:	Enter a “-” if this information is not available.		<input type="text"/>

ID	Question	Answer(s)	Skip
Id10054	What was her/his place of birth?		
Hint:	Specify here village and district, a question on the facility and circumstances will be asked later. Enter a “-” if this information is not available.		<input type="text"/>

ID	Question	Answer(s)	Skip
Id10055	What was her/his place of usual residence? (the place where the person lived most of the year)		
Hint:	For perinatal cases, just ask for the address of the health facility or if released at home, the home address.		<input type="text"/>

ID	Question	Answer(s)	Skip
Id10057	Where did the death occur? (specify country, province, district, village)		
Hint:			
<input type="text"/>			
Id10061	What was the name of the father?		
Hint:			
<input type="text"/>			
Id10062	What was the name of the mother?		
Hint:			
<input type="text"/>			
Id10069	[Is there a need to collect civil registration numbers on the deceased?]		
Hint: If "Yes" ask to see a certificate.			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10077"/>
Id10070	[Death registration number/certificate]		
Hint: Enter a "-" if this information is not available.			
<input type="text"/>			
Id10071	[Date of registration]		
Hint: If date unknown, enter "January 1, 2000" to indicate not available.			
		Day/	Month/
			Year/
Id10072	[Place of registration]		
Hint: Enter a "-" if this information is not available.			
<input type="text"/>			
Id10073	[National identification number of deceased]		
Hint: Enter a "-" if this information is not available. For children and newborns that have no ID number, use the mother's ID. If mother's ID is not available, use the father's ID.			
<input type="text"/>			
Id10077	Did (s)he suffer from any injury or accident that led to her/his death?		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10104"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10104"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10104"/>

ID	Question	Answer(s)	Skip
Id10079	Was it a road traffic accident?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10082"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10082"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10082"/>
Id10080	What was her/his role in the road traffic accident?		
Hint:		<input type="checkbox"/> Pedestrian	<input type="text"/>
		<input type="checkbox"/> Driver or passenger in car or light vehicle	<input type="text"/>
		<input type="checkbox"/> Driver or passenger in bus or heavy vehicle	<input type="text"/>
		<input type="checkbox"/> Driver or passenger on a motorcycle	<input type="text"/>
		<input type="checkbox"/> Driver or passenger on a pedal cycle	<input type="text"/>
		<input type="checkbox"/> Other	<input type="text"/>
Id10081	What was the counterpart that was hit during the road traffic accident?		
Hint:		<input type="checkbox"/> Pedestrian	<input type="text" value="10098"/>
		<input type="checkbox"/> Stationary object	<input type="text" value="10098"/>
		<input type="checkbox"/> Car or light vehicle	<input type="text" value="10098"/>
		<input type="checkbox"/> Bus or heavy vehicle	<input type="text" value="10098"/>
		<input type="checkbox"/> Motorcycle	<input type="text" value="10098"/>
		<input type="checkbox"/> Pedal cycle	<input type="text" value="10098"/>
		<input type="checkbox"/> Other	<input type="text" value="10098"/>

ID	Question	Answer(s)	Skip
Id10082	Was (s)he injured in a non-road traffic accident?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10083	Was (s)he injured in a fall?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10084	Was there any poisoning?		
Hint:	This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10085	Did (s)he die of drowning?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>



ID	Question	Answer(s)	Skip
Id10086	Was (s)he injured by a bite or sting by venomous animal?		
Hint:	This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.		
		<input type="checkbox"/> Yes	10088
		<input type="checkbox"/> No	
		<input type="checkbox"/> Doesn't know	
		<input type="checkbox"/> Refused to answer	
Id10087	Was (s)he injured by an animal or insect (non-venomous)?		
Hint:			
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	10089
		<input type="checkbox"/> Doesn't know	10089
		<input type="checkbox"/> Refused to answer	10089
Id10088	What was the animal/insect?		
Hint:			
		<input type="checkbox"/> Dog	
		<input type="checkbox"/> Snake	
		<input type="checkbox"/> Insect or scorpion	
		<input type="checkbox"/> Other	
		<input type="checkbox"/> Doesn't know	
Id10089	Was (s)he injured by burns/fire?		
Hint:			
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Doesn't know	
		<input type="checkbox"/> Refused to answer	

ID	Question	Answer(s)	Skip
Id10090	Was (s)he subject to violence (suicide, homicide, abuse)?		
Hint:	Don't say suicide for under -10-year olds.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10091	Was (s)he injured by a firearm?		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10092	Was (s)he stabbed, cut or pierced?		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10093	Was (s)he strangled?		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10094	Was (s)he injured by a blunt force?		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10095	Was (s)he injured by a force of nature?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10096	Was it electrocution?		
Hint:	This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10097	Did (s)he encounter any other injury?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10098	Was the injury accidental?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10100	Was the injury or accident intentionally inflicted by someone else?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10104	Did the baby ever cry?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10109"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10109"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10109"/>
Id10105	Did the baby cry immediately after birth, even if only a little bit?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10106	How many minutes after birth did the baby first cry?		
Hint:		<input type="checkbox"/> Minutes <input type="text"/> <input type="text"/>	<input type="text"/>
Id10107	Did the baby stop being able to cry?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10109"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10109"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10109"/>
Id10108	How many hours before death did the baby stop crying?		
Hint:	60 Minutes=1 Hour; If < 1 Hour, Record "0" Hours.	<input type="checkbox"/> Hours <input type="text"/> <input type="text"/>	<input type="text"/>
Id10109	Did the baby ever move?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10110	Did the baby ever breathe?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10114
		<input type="checkbox"/> Doesn't know	10114
		<input type="checkbox"/> Refused to answer	10114
Id10111	Did the baby breathe immediately after birth, even a little?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10112	Did the baby have a breathing problem?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10113	Was the baby given assistance to breathe at birth?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10114	If the baby didn't show any sign of life, was it born dead?		
Hint:	This question serves to finally determine if the baby was born alive or dead.	<input type="checkbox"/> Yes	Still birth
		<input type="checkbox"/> No	Live birth
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10115	Were there any bruises or signs of injury on baby's body after the birth?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10116	Was the baby's body soft, pulpy and discoloured and the skin peeling away?		
Hint:	Macerated means the body was pulpy. This indicates that the baby has been dead inside the mother for some time.	<input type="checkbox"/> Yes	<input type="text" value="10347"/>
		<input type="checkbox"/> No	<input type="text" value="10347"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10347"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10347"/>
Id10351	How old was the baby when the fatal illness started?		
Hint:	The answer could be in months or days, but for data entry convert in days. Less than 24 hours = 0 days.	<input type="checkbox"/> Days	<input type="text"/>
Id10408	Before the illness that led to death, was the baby/the child growing normally?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
illness_length	For how long was (s)he ill before death? Enter length of illness in:		
Hint:			
Id10120	Enter length of illness in days:		
Hint:	Less than 24 hours = 0 days. If more than 28 days, go back and enter duration in months (if not neonate).	<input type="checkbox"/> Days	<input type="text"/>
Id10122	Enter length of illness in weeks:		
Hint:	If duration given is more then 4 weeks, need to verify again age at death if neonate.	<input type="checkbox"/> Weeks	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10121	Enter length of illness in month:  Hint: Not applicable for newborn. If duration given is more than one month, need to verify again age at death.	<input type="checkbox"/> Months <input type="text"/> <input type="text"/> <input type="text"/>	
Id10123	Did (s)he die suddenly?  Hint: Suddenly means died unexpectedly within 24 hours of being in regular health.	<input type="checkbox"/> Yes <input type="text"/>	
		<input type="checkbox"/> No <input type="text"/>	
		<input type="checkbox"/> Doesn't know <input type="text"/>	
		<input type="checkbox"/> Refused to answer <input type="text"/>	
Id10147	Did (s)he have a fever?  Hint:	<input type="checkbox"/> Yes <input type="text"/>	
		<input type="checkbox"/> No <input type="text"/>	10153
		<input type="checkbox"/> Doesn't know <input type="text"/>	10153
		<input type="checkbox"/> Refused to answer <input type="text"/>	10153
Id10148	How many days did the fever last?  Hint: Less than 1 day = "0". Use 1 week = 7 days to determine the number of days.	<input type="checkbox"/> Days <input type="text"/> <input type="text"/> <input type="text"/>	
Id10149	Did the fever continue until death?  Hint:	<input type="checkbox"/> Yes <input type="text"/>	
		<input type="checkbox"/> No <input type="text"/>	
		<input type="checkbox"/> Doesn't know <input type="text"/>	
		<input type="checkbox"/> Refused to answer <input type="text"/>	
Id10153	Did (s)he have a cough?  Hint:	<input type="checkbox"/> Yes <input type="text"/>	
		<input type="checkbox"/> No <input type="text"/>	10159
		<input type="checkbox"/> Doesn't know <input type="text"/>	10159
		<input type="checkbox"/> Refused to answer <input type="text"/>	10159

ID	Question	Answer(s)	Skip
Id10158	Did (s)he make a whooping sound when coughing?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10159	Did (s)he have any difficulty breathing?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10166"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10166"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10166"/>
Id10161_1	For how many days did the difficulty breathing last?		
Hint:		<input type="checkbox"/> Days <input type="text"/> <input type="text"/>	<input type="text"/>
Id10166	During the illness that led to death, did (s)he have fast breathing?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10168"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10168"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10168"/>
Id10167	For how many days did the fast breathing last?		
Hint:	Less than 1 day = "0". Use 1 week = 7 days to determine the number of days.	<input type="checkbox"/> Days <input type="text"/> <input type="text"/>	<input type="text"/>
Id10168	Did (s)he have breathlessness?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10172"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10172"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10172"/>



ID	Question	Answer(s)	Skip
Id10169	<b>For how many days did (s)he have breathlessness?</b> Hint: Less than 1 day = "0." Use 1 week = 7 days to determine the number of days.	<input type="text"/> Days <input type="text"/> <input type="text"/>	<input type="text"/>
Id10172	<b>Did you see the lower chest wall/ribs being pulled in as the child breathed in?</b> Hint: Ask for children under the age of 12 years. Show photos/video (if available).	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10173	<b>During the illness that led to death did his/her breathing sound like any of the following:</b> Hint: In case of adults demonstrate wheezing sound only because stridor and grunting is extremely rare in adults. Ask about wheezing, stridor and grunting only for children under the age of 12 years. Demonstrate each sound, play audio (if available), if in doubt select multiple.	<input type="checkbox"/> Stridor	<input type="text"/>
		<input type="checkbox"/> Grunting	<input type="text"/>
		<input type="checkbox"/> Wheezing	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10181	<b>Did (s)he have more frequent loose or liquid stools than usual?</b> Hint: 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 is diarrhoea.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/> 10188
		<input type="checkbox"/> Doesn't know	<input type="text"/> 10188
		<input type="checkbox"/> Refused to answer	<input type="text"/> 10188
Id10183	<b>How many stools did the baby or child have on the day that loose liquid stools were most frequent?</b> Hint: Enter "99" if this information is not known.	Number of stools: <input type="text"/> <input type="text"/>	

ID	Question	Answer(s)	Skip
Id10184	How many days before death did the frequent loose or liquid stools start?		
Hint:	Less than 1 day= "0". Use 1 week = 7 days to determine the number of days. Enter "99" if this information is not known.		
		<input type="checkbox"/> Days <input type="text"/> <input type="text"/> <input type="text"/>	

ID	Question	Answer(s)	Skip
Id10186	At any time during the final illness was there blood in the stools?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10188	Did (s)he vomit?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10189	Did (s)he vomit in the week preceding the death?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10214	Was (s)he unconscious during the illness that lead to death?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/> 10219
		<input type="checkbox"/> Doesn't know	<input type="text"/> 10219
		<input type="checkbox"/> Refused to answer	<input type="text"/> 10219

ID	Question	Answer(s)	Skip
Id10215	Was (s)he unconscious for more than 24 hours before death?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10219	Did (s)he have convulsions?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10233	During the illness that led to death, did (s)he have any skin rash?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10239	During the illness that led to death, did he/she have areas of the skin that turned black?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10240	During the illness that led to death, did he/she have areas of the skin with redness and swelling?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10241	During the illness that led to death, did (s)he bleed from anywhere?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10265	Did (s)he have yellow discoloration of the eyes?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10271	Was the baby able to suckle or bottle-feed within the first 24 hours after birth?		
Hint:	Ask only if the child was < 1 year old when it died.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10272	Did the baby ever suckle in a normal way?		
Hint:	Ask only if the child was < 1 year old when it died.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10273	Did the baby stop suckling?		
Hint:	Ask only if the child was < 1 year old when it died.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10275"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10275"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10275"/>
Id10274	How many days after birth did the baby stop suckling?		
Hint:	Ask only if the child was < 1 year old when it died.		
		<input type="checkbox"/> Days <input type="text"/> <input type="text"/>	<input type="text"/>
Id10275	Did the baby have convulsions starting within the first 24 hours of life?		
Hint:	Ask only if the child was < 1 year old when it died.		
		<input type="checkbox"/> Yes	<input type="text" value="10277"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10276	Did the baby have convulsions starting more than 24 hours after birth?		
Hint:	Ask only if the child was < 1 year old when it died.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10277	Did the baby's body become stiff, with the back arched backwards?		
Hint:	Ask only if the child was < 1 year old when it died.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10278	During the illness that led to death, did the baby have a bulging or raised fontanelle? (ask only up to 18 months)		
Hint:	Show photo (if available)		
		<input type="checkbox"/> Yes	<input type="text" value="10281"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10279	During the illness that led to death, did the baby have a sunken fontanelle? (ask only up to 18 months)		
Hint:	Show photo (if available)		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10281	During the illness that led to death, did the baby become unresponsive or unconscious?		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10284"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10284"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10284"/>

ID	Question	Answer(s)	Skip
Id10282	Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10283	Did the baby become unresponsive or unconscious more than 24 hours after birth?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10284	During the illness that led to death, did the baby become cold to touch?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10286"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10286"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10286"/>
Id10285	How many days old was the baby when it started feeling cold to touch?		
Hint:	Less than 1 day = "0." Use 1 week = 7 days to determine the number of days.	<input type="checkbox"/> Days	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Id10286	During the illness that led to death, did the baby become lethargic after a period of normal activity?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10287	Did the baby have redness or pus drainage from the umbilical cord stump?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10288	During the illness that led to death, did the baby have skin ulcer(s) or pits?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10289	During the illness that led to death, did the baby have yellow skin, palms (hand) or soles (foot)?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10290	Did the baby or infant appear to be healthy and then just die suddenly?		
Hint:	Suddenly means died unexpectedly within 24 hours of being in regular health.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10347	Was the baby born more than one month early?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>



ID	Question	Answer(s)	Skip
Id10354	Was the child part of a multiple birth?		
Hint:	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.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10356"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10356"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10356"/>
ID	Question	Answer(s)	Skip
Id10355	Was the child the first, second, or later in the birth order?		
Hint:			
		<input type="checkbox"/> First	<input type="text"/>
		<input type="checkbox"/> Second or later	<input type="text"/>
ID	Question	Answer(s)	Skip
Id10356	Is the mother still alive?		
Hint:	If 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.		
		<input type="checkbox"/> Yes	<input type="text" value="10360"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
ID	Question	Answer(s)	Skip
Id10357	Did the mother die during or after the delivery?		
Hint:			
		<input type="checkbox"/> During delivery	<input type="text" value="10360"/>
		<input type="checkbox"/> After delivery	<input type="text"/>
ID	Question	Answer(s)	Skip
mother_death	How long after the delivery did the mother die?		
Hint:	The respondent may reply in months or days. If less than 24 hours, record "0" days. If < 1 month, record in days; if less than < 2 months, record in weeks; if ≥ 2 months, record in completed months.		
		<input type="checkbox"/> Months	<input type="text"/> <input type="text"/> <input type="text"/>
		<input type="checkbox"/> Weeks	<input type="text"/> <input type="text"/> <input type="text"/>
		<input type="checkbox"/> Days	<input type="text"/> <input type="text"/> <input type="text"/>
ID	Question	Answer(s)	Skip
Id10358_1	How many weeks after the delivery did the mother die?		
Hint:	The respondent may reply in months or days. If less than 24 hours, record "0" days. If < 1 month, record in days; if less than < 2 months, record in weeks; if ≥ 2 months, record in completed months		
		<input type="checkbox"/> Weeks	<input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip
Id10360	Where was the deceased born?		
Hint:	Read the question and slowly read the first 5 choices. Respondent should hear all 5 choices and then respond.		
		<input type="checkbox"/> Hospital	<input type="text"/>
		<input type="checkbox"/> Other health facility	<input type="text"/>
		<input type="checkbox"/> Home	<input type="text"/>
		<input type="checkbox"/> On route to hospital or facility	<input type="text"/>
		<input type="checkbox"/> Other	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10361	Did you/the mother receive professional assistance during the delivery? (ask only up to 1 year)		
Hint:	Explain to the respondent what is meant by professional assistance: delivery attended by a medical professional (doctor, nurse or midwife).		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10362	At birth, was the baby of usual size?		
Hint:	Show photos (if available), explain to the respondent that even if the answer is "no" some more questions will be asked, just to make sure no important detail has been missed.		
		<input type="checkbox"/> Yes	<input type="text" value="10366"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10363	At birth, was the baby smaller than usual, (weighing under 2.5 kg)?		
Hint:	Show photos (if available ).		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10365"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10365"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10365"/>

ID	Question	Answer(s)	Skip
Id10364	At birth, was the baby very much smaller than usual, (weighing under 1 kg)?		
Hint:	Show photos (if available ).		
		<input type="checkbox"/> Yes	<input type="text" value="10366"/>
		<input type="checkbox"/> No	<input type="text" value="10366"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10366"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10366"/>
Id10365	At birth, was the baby larger than usual, (weighing over 4.5 kg)?		
Hint:	Show photos (if available ).		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10366	What was the weight (in grammes) of the deceased at birth?		
Hint:	Respondents may give the answer in kilograms. For the data entry, convert to grammes. 1 kilogram=1,000 grammes. Enter "9999" for "Don't know." Enter "8888" for "Refused to answer."		
		Grammes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Id10367	How many months long was the pregnancy before the child was born? (ask only up to 1 year)		
Hint:	If don't know enter "99"		
		<input type="checkbox"/> Months <input type="text"/> <input type="text"/>	<input type="text"/>
Id10368	Were there any complications in the late part of the pregnancy (defined as the last 3 months, before labour)? (ask only up to 1 year)		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10369	Were there any complications during labour or delivery? (ask only up to 1 year)		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10370	Was any part of the baby physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on body)?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10376"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10371	Did the baby/ child have a swelling or defect on the back at time of birth?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10372	Did the baby/ child have a very large head at time of birth?		
Hint:		<input type="checkbox"/> Yes	<input type="text" value="10376"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10373	Did the baby/ child have a very small head at time of birth?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10376	Was the baby moving in the last few days before the birth?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10377	Did the baby stop moving in the womb before labour started?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10382"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
last_time_move	When did the baby last move?"		
Hint:		<input type="checkbox"/> Days	<input type="text" value="10379"/>
		<input type="checkbox"/> Hours	<input type="text" value="10380"/>
Id10379	How many days before labour did you or the mother last feel the baby move? (maybe the respondent or health worker had examined the mother)		
Hint:	Enter duration as appropriate in hours or days.	<input type="checkbox"/> Days	<input type="text" value="10382"/>
Id10380	How many hours before labour did you or the mother last feel the baby move? (maybe the respondent or health worker had examined the mother)		
Hint:	Enter duration as appropriate in hours or days. If < 24 hours, record "0".	<input type="checkbox"/> Hours	<input type="text" value="10382"/>
Id10382	How many hours did labour and delivery take?		
Hint:	If less than one hour enter "0".	<input type="checkbox"/> Hours	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10383	Was the baby born 24 hours or more after the water broke?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10384	Was the liquor foul smelling?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10385	What was the colour of the liquor when the water broke?		
Hint:		<input type="checkbox"/> Green or brown	<input type="text"/>
		<input type="checkbox"/> Clear (normal)	<input type="text"/>
		<input type="checkbox"/> Other	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10387	Was the delivery normal vaginal, without forceps or vacuum?		
Hint:		<input type="checkbox"/> Yes	<input type="text" value="10391"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10388	Was the delivery vaginal, with forceps or vacuum?		
Hint:		<input type="checkbox"/> Yes	10391
		<input type="checkbox"/> No	
		<input type="checkbox"/> Doesn't know	
		<input type="checkbox"/> Refused to answer	
Id10389	Was the delivery a Caesarean section?		
Hint:		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Doesn't know	
		<input type="checkbox"/> Refused to answer	
Id10391	Did you/the mother receive any vaccinations since reaching adulthood including during this pregnancy?		
Hint:		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	10394
		<input type="checkbox"/> Doesn't know	10394
		<input type="checkbox"/> Refused to answer	10394
Id10392	How many doses?		
Hint:		<input type="checkbox"/> Doses <input type="text"/> <input type="text"/>	
Id10393	Did you/the mother receive tetanus toxoid (TT) vaccine?		
Hint:		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Doesn't know	
		<input type="checkbox"/> Refused to answer	
Id10394	How many births, including stillbirths, did the baby's mother have before this baby?		
Hint:		<input type="checkbox"/> Births <input type="text"/> <input type="text"/>	

ID	Question	Answer(s)	Skip
Id10395	During labour, did you/the baby's mother suffer from fever?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10396	During the last 3 months of pregnancy, labour or delivery, did the you/baby's mother suffer from high blood pressure?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10397	Did you/the baby's mother have diabetes mellitus?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10398	Did you/the baby's mother have foul smelling vaginal discharge during pregnancy or after delivery?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>



ID	Question	Answer(s)	Skip
Id10399	During the last 3 months of pregnancy, labour or delivery, did you/the baby's mother suffer from convulsions?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10400	During the last 3 months of pregnancy did you/the baby's mother suffer from blurred vision?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10401	Did you/the baby's mother have severe anemia?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10402	Did you/the baby's mother have vaginal bleeding during the last 3 months of pregnancy but before labour started?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10403	Did the baby's bottom, feet, arm or hand come out of the vagina before its head?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10404	Was the umbilical cord wrapped more than once around the neck of the child at birth?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10405	Was the umbilical cord delivered first?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10406	Was the baby blue in colour at birth?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10418	Did (s)he receive any treatment for the illness that led to death?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10428"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10428"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10428"/>

ID	Question	Answer(s)	Skip
Id10419	Did (s)he receive oral rehydration salts?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10420	Did (s)he receive (or need) intravenous fluids (drip) treatment?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10421	Did (s)he receive (or need) a blood transfusion?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10422	Did (s)he receive (or need) treatment/food through a tube passed through the nose?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10423	Did (s)he receive (or need) injectable antibiotics?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10424	Did (s)he receive (or need) antiretroviral therapy (ART)?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10425	Did (s)he have (or need) an operation for the illness?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10428	Had (s)he received immunizations?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10432"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10432"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10432"/>
Id10429	Do you have the child's vaccination card?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10432"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10432"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10432"/>

ID	Question	Answer(s)	Skip
Id10430	Can I see the vaccination card (note the vaccines the child received)?		
Hint:	Only fill in the vaccination sheet if the respondent has the vaccination card at the present moment during the VA interview; the interviewer should fill in the vaccination sheet, not the respondent. If applicable, take photo with name covered.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10432"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10432"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10432"/>

ID	Question	Answer(s)	Skip
Id10431	[Note vaccines here]		
Hint:	If applicable, record vaccine, date, and age of child		

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ID	Question	Answer(s)	Skip
Id10432	Was care sought outside the home while (s)he had this illness?		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10435"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10435"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10435"/>

ID	Question	Answer(s)	Skip
Id10433	Where or from whom did you seek care?		
Hint:	Read the question and read the choices. Select all that apply.		
		<input type="checkbox"/> Traditional healer	<input type="text"/>
		<input type="checkbox"/> Homeopath	<input type="text"/>
		<input type="checkbox"/> Religious leader	<input type="text"/>
		<input type="checkbox"/> Government hospital	<input type="text"/>
		<input type="checkbox"/> Government health center or clinic	<input type="text"/>
		<input type="checkbox"/> Private hospital	<input type="text"/>
		<input type="checkbox"/> Community-based practitioner associated with health system	<input type="text"/>
		<input type="checkbox"/> Trained birth attendant	<input type="text"/>
		<input type="checkbox"/> Private physician	<input type="text"/>
		<input type="checkbox"/> Relative, friend (outside household)	<input type="text"/>
		<input type="checkbox"/> Pharmacy	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10434	Record the name and address of any hospital, health center or clinic where care was sought		
Hint:	Record information provided.		

ID	Question	Answer(s)	Skip
Id10435	Did a health care worker tell you the cause of death?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10437"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10437"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10437"/>
Id10436	What did the health care worker say?		
Hint:			
Id10437	Do you have any health records that belonged to the deceased?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10445"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10445"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10445"/>
Id10438	Can I see the health records?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10445"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10445"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10445"/>
Id10439	[Record the date of the most recent (last) visit]		
Hint:	If date unknown, record January 1, 2000 to indicate not available.		
		Day/	Month/ Year/

ID	Question	Answer(s)	Skip
Id10445	Have you/has the deceased's (biological) mother ever been tested for HIV?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10446	Have you/has the deceased's (biological) mother ever been told she had HIV/AIDS by a health worker?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10450	In the final days before death, did s/he travel to a hospital or health facility?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10455"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10455"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10455"/>
Id10451	Did (s)he use motorised transport to get to the hospital or health facility?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10452	Were there any problems during admission to the hospital or health facility?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>



ID	Question	Answer(s)	Skip
Id10453	Were there any problems with the way (s)he was treated (medical treatment, procedures, interpersonal attitudes, respect, dignity) in the hospital or health facility?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10454	Were there any problems getting medications or diagnostic tests in the hospital or health facility?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10455	Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10456	In the final days before death, were there any doubts about whether medical care was needed?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10457	In the final days before death, was traditional medicine used?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10458	In the final days before death, did anyone use a telephone or cell phone to call for help?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10459	Over the course of illness, did the total costs of care and treatment prohibit other household payments?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10462	Was a death certificate issued?		
Hint:	The following information serves only to complete cause of death information in some environments. In routine CRVS this information could be skipped in the interview, and information be collected from other sources, if available.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10476"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10476"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10476"/>

ID	Question	Answer(s)	Skip
Id10463	Can I see the death certificate?		
Hint:	Fill in the following questions only if you are shown the copy of the certificate. Do not fill in just based on oral statements.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text" value="10476"/>
		<input type="checkbox"/> Doesn't know	<input type="text" value="10476"/>
		<input type="checkbox"/> Refused to answer	<input type="text" value="10476"/>
ID	Question	Answer(s)	Skip
Id10464	[Record the immediate cause of death from the certificate (line 1a)]		
Hint:	An antecedent cause is the one that caused the one on the line above, e.g. diabetes mellitus may be an antecedent cause to kidney disease.		
	<input type="text"/>		
ID	Question	Answer(s)	Skip
Id10465	[Duration (Ia):]		
Hint:			
	<input type="text"/>		
ID	Question	Answer(s)	Skip
Id10466	[Record the first antecedent cause of death from the certificate (line 1b)]		
Hint:	For all following lines, add duration, if stated.		
	<input type="text"/>		
ID	Question	Answer(s)	Skip
Id10467	[Duration (Ib):]		
Hint:			
	<input type="text"/>		
ID	Question	Answer(s)	Skip
Id10468	[Record the second antecedent cause of death from the certificate (line 1c)]		
Hint:			
	<input type="text"/>		
ID	Question	Answer(s)	Skip
Id10469	[Duration (Ic):]		
Hint:			
	<input type="text"/>		
ID	Question	Answer(s)	Skip
Id10470	[Record the third antecedent cause of death from the certificate (line 1d)]		
Hint:			
	<input type="text"/>		
ID	Question	Answer(s)	Skip
Id10471	[Duration (Id):]		
Hint:			
	<input type="text"/>		

ID	Question	Answer(s)	Skip
Id10472	[Record the contributing cause(s) of death from the certificate (part 2)]		
Hint:	<div></div>		

ID	Question	Answer(s)	Skip
Id10473	[Duration (part2):]		
Hint:	<div></div>		

ID	Question	Answer(s)	Skip
Id10476	<b>NARRATIVE DESCRIPTION</b> Thank you for your information. Now can you please tell me in your own words about the events that led to the death?		
Hint:	AUDIO RECORDING • IF APPLICABLE, REQUEST CONSENT FOR AUDIO RECORDING: May I record your response? • IF YES, RECORD VERBAL CONSENT AT START OF RECORDING: “Do I have consent to record your response? WRITTEN NOTES AND PROBING • RECORD DETAILED NOTES OF RESPONSE; USE ADDITIONAL PAPER AS NEEDED. • IF NEEDED, PROBE FOR ADDL DETAILS ON WHEN RESPONDENT RECOGNIZED SYMPTOMS, CARE SOUGHT, BARRIERS TO CARE, ISSUES WITH TRANSPORT, ABNORMALITIES, ETC.		

ID	Question	Answer(s)	Skip
Id10479	Select any of the following words that were mentioned as present in the narrative.		
Hint:		<input type="checkbox"/> Asphyxia	<input type="text"/>
		<input type="checkbox"/> Incubator	<input type="text"/>
		<input type="checkbox"/> Lung problem	<input type="text"/>
		<input type="checkbox"/> Pneumonia	<input type="text"/>
		<input type="checkbox"/> Preterm delivery	<input type="text"/>
		<input type="checkbox"/> Respiratory distress	<input type="text"/>
		<input type="checkbox"/> None of the above words were mentioned	<input type="text"/>
		<input type="checkbox"/> Don't know	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10481	Time at end of interview		
Hint:	hh:mm 24 h		
		HH: <input type="text"/> <input type="text"/> MM: <input type="text"/> <input type="text"/>	

ID	Question	Answer(s)	Skip
form_end	End of the Interview - Thanks		
Hint:			

# CHAMPS Verbal Autopsy

## Sample Questionnaire



*Death of a child aged four weeks to 11 years*

Powered by CHAMPS Engine

ID	Question	Answer(s)	Skip
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alt\_id\_1 Do you have any alternate identifiers to associate with this record?

Hint: Fill in one ID number here and if there are additional ID numbers complete next question series

☐ Yes

☐ No

10002

ID	Question	Answer(s)	Alternate IDs
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alt\_id\_1\_1 Enter Alternate Id (1)

Hint:

☐ DSS\_ID

☐ Alternate\_ID

ID	Question	Answer(s)	Skip
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alt\_id\_2 Do you have another alternate identifier to associate with this record?

Hint:

☐ Yes

☐ No

10002

ID	Question	Answer(s)	Alternate IDs
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alt\_id\_2\_2 Select the type of ID recorded

Hint:

☐ DSS\_ID

☐ Alternate\_ID

ID	Question	Answer(s)	Skip
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alt\_id\_3 Do you have another alternate identifier to associate with this record?

Hint:

☐ Yes

☐ No

10002

ID	Question	Answer(s)	Alternate IDs
----	----------	-----------	---------------

alt\_id\_3\_2 Select the type of ID recorded

Hint:

☐ DSS\_ID

☐ Alternate\_ID

ID	Question	Answer(s)	Skip
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presets Information about the prevalence of malaria and HIV. This section is for the interviewer to complete and is not to be asked of the respondents.

Hint:

ID	Question	Answer(s)	Skip
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Id10002 [Is this a region of high HIV/AIDS prevalence?]

Hint: Should be completed by the central office. HIGH corresponds to >1% of deaths, LOW around 0.1%, VERY LOW < 0.01%.

☐ High

☐ Low

☐ Very low

ID	Question	Answer(s)	Skip
Id10003	[Is this a region of high malaria prevalence?]		
Hint:	Should be completed by the central office. HIGH corresponds to > 1% of deaths, LOW around 0.1%, VERY LOW < 0.01%.		
		<input type="checkbox"/> High	<input type="text"/>
		<input type="checkbox"/> Low	<input type="text"/>
		<input type="checkbox"/> Very low	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10004	[During which season did (s)he die?]		
Hint:			
		<input type="checkbox"/> Wet	<input type="text"/>
		<input type="checkbox"/> Dry	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10007	What is the name of VA respondent?		
Hint:	<input type="text"/>		

ID	Question	Answer(s)	Skip
Id10008	What is your/the respondent's relationship to the deceased?		
Hint:	First verify if the respondent is a family member, and only if it is not a family member choose the other categories like health worker or public official.		
		<input type="checkbox"/> Parent	<input type="text"/>
		<input type="checkbox"/> Child	<input type="text"/>
		<input type="checkbox"/> Other family member	<input type="text"/>
		<input type="checkbox"/> Friend	<input type="text"/>
		<input type="checkbox"/> Health worker	<input type="text"/>
		<input type="checkbox"/> Public official	<input type="text"/>
		<input type="checkbox"/> Another relationship	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10009	Did you/the respondent live with the deceased in the period leading to her/his death?		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10010	[Name of VA interviewer]		
Hint:	<input type="text"/>		

ID	Question	Answer(s)	Skip
Id10011	[Time at start of interview]		
Hint:	[hh:mm 24h]		
		HH: <input type="text"/> <input type="text"/>	MM: <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip
Id10012	[Date of interview] Hint: [dd/mm/yyyy]	Day/ Month/ Year/	
Id10013	[Did the respondent give consent?] Hint:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> 10481
Id10017	What was the first or given name(s) of the deceased? Hint:		<input type="text"/>
Id10018	What was the surname (or family name) of the deceased? Hint:		<input type="text"/>
Id10019	What was the sex of the deceased? Hint:	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="text"/> <input type="text"/>
Id10020	Is the date of birth known? Hint:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to answer	<input type="text"/> 10022 10022
Id10021	When was the deceased born? Hint: Enter [Day/Month/Year] to select previous years, click or tap the month name, then click or tap the year.	Day/ Month/ Year/	
Id10022	Is the date of death known? Hint:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to answer	<input type="text"/> 10024 Age_group
Id10023	When did (s)he die? Hint: Enter [Day/Month/Year]	Day/ Month/ Year/	
Id10024	Please indicate the year of death. Hint:	Year: <input type="text"/> <input type="text"/>	



ID	Question	Answer(s)	Skip
age_group	What age group corresponds to the deceased? Hint: (1) Neonatal 0-27 completed days; (2) Child 28 days - 11 years; (3) Adult - above 11 years	<input type="checkbox"/> Child	<input type="text"/>
age_child_unit	[Enter child's age in]: Hint: Enter for one option only.	<input type="checkbox"/> Days <input type="text"/> <input type="text"/> <input type="checkbox"/> Months <input type="text"/> <input type="text"/> <input type="checkbox"/> Years <input type="text"/> <input type="text"/>	<input type="text"/>
Id10058	Where did the deceased die? Hint:	<input type="checkbox"/> Hospital <input type="checkbox"/> Other health facility <input type="checkbox"/> Home <input type="checkbox"/> On route to hospital or facility <input type="checkbox"/> Other <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10051	[Is there a need to collect civil registration data on the deceased?] Hint: If you choose 'No', this question allows you to skip asking details about place of residence, education and family. The question on marriage status will always be asked for adults.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> 10069
Id10052	What was her/his citizenship/nationality? Hint:	<input type="checkbox"/> Citizen at birth <input type="checkbox"/> Naturalized citizen <input type="checkbox"/> Foreign national <input type="checkbox"/> Doesn't know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10053	What was her/his ethnicity? Hint: Enter a "-" if this information is not available.		<input type="text"/>
Id10054	What was her/his place of birth? Hint: Specify here village and district, a question on the facility and circumstances will be asked later. Enter a "-" if this information is not available.		<input type="text"/>

ID	Question	Answer(s)	Skip
Id10055	What was her/his place of usual residence? (the place where the person lived most of the year)		
Hint:	For perinatal cases, just ask for the address of the health facility or if released at home, the home address.		
Id10056	What was her/his place of normal residence 1 to 5 years before death?		
Hint:			
Id10057	Where did the death occur? (specify country, province, district, village)		
Hint:			
Id10061	What was the name of the father?		
Hint:			
Id10062	What was the name of the mother?		
Hint:			
Id10063	What was her/his highest level of schooling?		
Hint:	Mark "no formal education" if < 4 years old.		
		<input type="checkbox"/> No formal education	
		<input type="checkbox"/> Primary school	
		<input type="checkbox"/> Secondary school	
		<input type="checkbox"/> Higher than secondary school	
		<input type="checkbox"/> Doesn't know	
		<input type="checkbox"/> Refused to answer	
Id10064	Was (s)he able to read and write?		
Hint:	Select 'Yes' also if only one of either reading or writing is known to the respondent. Mark "No" if < 6 years old.		
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Doesn't know	
		<input type="checkbox"/> Refused to answer	

ID	Question	Answer(s)	Skip
Id10065	<b>What was her/his economic activity status in year prior to death?</b> Hint: The deceased might have had several activities. Choose the one that was probably true for most of the year preceding illness and death. Mark "Other" if < 8 years old.		
		<input type="checkbox"/> Mainly unemployed	<input type="text"/>
		<input type="checkbox"/> Mainly employed	<input type="text"/>
		<input type="checkbox"/> Home-maker	<input type="text"/>
		<input type="checkbox"/> Pensioner	<input type="text"/>
		<input type="checkbox"/> Student	<input type="text"/>
		<input type="checkbox"/> Other	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10066	<b>What was her/his occupation, that is, what kind of work did (s)he mainly do?</b> Hint: If less than 8 years old, enter "-" for not applicable.		
		<input type="text"/>	

ID	Question	Answer(s)	Skip
Id10069	<b>[Is there a need to collect civil registration numbers on the deceased?]</b> Hint: If "Yes" ask to see a certificate.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10077

ID	Question	Answer(s)	Skip
Id10070	<b>[Death registration number/certificate]</b> Hint: Enter a "-" if this information is not available.		
		<input type="text"/>	

ID	Question	Answer(s)	Skip
Id10071	<b>[Date of registration]</b> Hint: If date unknown, enter "January 1, 2000" to indicate not available.		
		Day/      Month/      Year/	

ID	Question	Answer(s)	Skip
Id10072	<b>[Place of registration]</b> Hint: Enter a "-" if this information is not available.		
		<input type="text"/>	

ID	Question	Answer(s)	Skip
Id10073	<b>[National identification number of deceased]</b> Hint: Enter a "-" if this information is not available. For children and newborns that have no ID number, use the mother's ID. If mother's ID is not available, use the father's ID.		
		<input type="text"/>	

ID	Question	Answer(s)	Skip
Id10077	Did (s)he suffer from any injury or accident that led to her/his death?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10120
		<input type="checkbox"/> Doesn't know	10120
		<input type="checkbox"/> Refused to answer	10120
Id10079	Was it a road traffic accident?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10082
		<input type="checkbox"/> Doesn't know	10082
		<input type="checkbox"/> Refused to answer	10082
Id10080	What was her/his role in the road traffic accident?		
Hint:		<input type="checkbox"/> Pedestrian	<input type="text"/>
		<input type="checkbox"/> Driver or passenger in car or light vehicle	<input type="text"/>
		<input type="checkbox"/> Driver or passenger in bus or heavy vehicle	<input type="text"/>
		<input type="checkbox"/> Driver or passenger on a motorcycle	<input type="text"/>
		<input type="checkbox"/> Driver or passenger on a pedal cycle	<input type="text"/>
		<input type="checkbox"/> Other	<input type="text"/>
Id10081	What was the counterpart that was hit during the road traffic accident?		
Hint:		<input type="checkbox"/> Pedestrian	10098
		<input type="checkbox"/> Stationary object	10098
		<input type="checkbox"/> Car or light vehicle	10098
		<input type="checkbox"/> Bus or heavy vehicle	10098
		<input type="checkbox"/> Motorcycle	10098
		<input type="checkbox"/> Pedal cycle	10098
		<input type="checkbox"/> Other	10098

ID	Question	Answer(s)	Skip
Id10082	Was (s)he injured in a non-road traffic accident?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10083	Was (s)he injured in a fall?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10084	Was there any poisoning?		
Hint:	This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10085	Did (s)he die of drowning?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10086	Was (s)he injured by a bite or sting by venomous animal?		
Hint:	This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.	<input type="checkbox"/> Yes	<input type="text" value="10088"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10087	Was (s)he injured by an animal or insect (non-venomous)?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10089
		<input type="checkbox"/> Doesn't know	10089
		<input type="checkbox"/> Refused to answer	10089
Id10088	What was the animal/insect?		
Hint:		<input type="checkbox"/> Dog	<input type="text"/>
		<input type="checkbox"/> Snake	<input type="text"/>
		<input type="checkbox"/> Insect or scorpion	<input type="text"/>
		<input type="checkbox"/> Other	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
Id10089	Was (s)he injured by burns/fire?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10090	Was (s)he subject to violence (suicide, homicide, abuse)?		
Hint:	Don't say suicide for under -10-year olds.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10091	Was (s)he injured by a firearm?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10092	Was (s)he stabbed, cut or pierced?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10093	Was (s)he strangled?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10094	Was (s)he injured by a blunt force?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10095	Was (s)he injured by a force of nature?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10096	Was it electrocution?		
Hint:	This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10097	Did (s)he encounter any other injury?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10098	Was the injury accidental?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10100	Was the injury or accident intentionally inflicted by someone else?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
illness_length	For how long was (s)he ill before death? Enter length of illness in:		
Hint:			
Id10120	Enter length of illness in days:		
Hint:	Less than 24 hours = 0 days. If more than 28 days, go back and enter duration in months (if not neonate).	<input type="checkbox"/> Days	<input type="text"/>
Id10122	Enter length of illness in weeks:		
Hint:	If duration given is more then 4 weeks, need to verify again age at death if neonate.	<input type="checkbox"/> Weeks	<input type="text"/>
Id10121	Enter length of illness in month:		
Hint:	Not applicable for newborn. If duration given is more then one month, need to verify again age at death.	<input type="checkbox"/> Months	<input type="text"/>



ID	Question	Answer(s)	Skip
Id10123	Did (s)he die suddenly?		
Hint:	Suddenly means died unexpectedly within 24 hours of being in regular health.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10125	Was there any diagnosis by a health professional of tuberculosis?		
Hint:	Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10126	Was an HIV test ever positive?		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10127	Was there any diagnosis by a health professional of AIDS?		
Hint:	Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10128	Did (s)he have a recent positive test by a health professional for malaria?		
Hint:	Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.		
		<input type="checkbox"/> Yes	10130
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10129	<b>Did (s)he have a recent negative test by a health professional for malaria?</b>		
Hint:	Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10130	<b>Was there any diagnosis by a health professional of dengue fever?</b>		
Hint:	Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10131	<b>Was there any diagnosis by a health professional of measles?</b>		
Hint:	Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10133	<b>Was there any diagnosis by a health professional of heart disease?</b>		
Hint:	Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10134	<b>Was there any diagnosis by a health professional of diabetes?</b>		
Hint:	Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10135	<b>Was there any diagnosis by a health professional of asthma?</b> Hint: Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10136	<b>Was there any diagnosis by a health professional of epilepsy?</b> Hint: Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10137	<b>Was there any diagnosis by a health professional of cancer?</b> Hint: Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10142	<b>Was there any diagnosis by a health professional of sickle cell disease?</b> Hint: Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10143	<b>Was there any diagnosis by a health professional of kidney disease?</b> Hint: Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10144	Was there any diagnosis by a health professional of liver disease?		
Hint:	Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10147	Did (s)he have a fever?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10152
		<input type="checkbox"/> Doesn't know	10152
		<input type="checkbox"/> Refused to answer	10152
Id10148	How many days did the fever last?		
Hint:	Less than 1 day = "0". Use 1 week = 7 days to determine the number of days.		
		<input type="checkbox"/> Days <input type="text"/> <input type="text"/>	<input type="text"/>
Id10149	Did the fever continue until death?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10150	How severe was the fever?		
Hint:		<input type="checkbox"/> Mild	<input type="text"/>
		<input type="checkbox"/> Moderate	<input type="text"/>
		<input type="checkbox"/> Severe	<input type="text"/>
Id10151	What was the pattern of the fever?		
Hint:		<input type="checkbox"/> Continuous	<input type="text"/>
		<input type="checkbox"/> On and off	<input type="text"/>
		<input type="checkbox"/> Only at night	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10152	Did (s)he have night sweats?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10153	Did (s)he have a cough?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10159
		<input type="checkbox"/> Doesn't know	10159
		<input type="checkbox"/> Refused to answer	10159
Id10154	For how many days did (s)he have a cough?		
Hint:	Less than 1 day = "0". Use 1 week = 7 days to determine the number of days.	<input type="checkbox"/> Days	<input type="text"/>
Id10155	Was the cough productive, with sputum?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10156	Was the cough very severe?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10157	Did (s)he cough up blood?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10158	Did (s)he make a whooping sound when coughing?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10159	Did (s)he have any difficulty breathing?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10166
		<input type="checkbox"/> Doesn't know	10166
		<input type="checkbox"/> Refused to answer	10166
Id10161_unit	How long did the difficulty breathing last?		
Hint:	Enter for one option only.	<input type="checkbox"/> Days <input type="text"/> <input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Months <input type="text"/> <input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Years <input type="text"/> <input type="text"/>	<input type="text"/>
Id10165	Was the difficulty continuous or on and off?		
Hint:		<input type="checkbox"/> Continuous	<input type="text"/>
		<input type="checkbox"/> On and off	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10166	During the illness that led to death, did (s)he have fast breathing?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10168
		<input type="checkbox"/> Doesn't know	10168
		<input type="checkbox"/> Refused to answer	10168
Id10167	For how many days did the fast breathing last?		
Hint:	Less than 1 day = "0". Use 1 week = 7 days to determine the number of days.	<input type="checkbox"/> Days <input type="text"/> <input type="text"/>	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10168	Did (s)he have breathlessness?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10172
		<input type="checkbox"/> Doesn't know	10172
		<input type="checkbox"/> Refused to answer	10172
ID	Question	Answer(s)	Skip
Id10169	For how many days did (s)he have breathlessness?		
Hint: Less than 1 day = "0." Use 1 week = 7 days to determine the number of days.		<input type="checkbox"/> Days <input type="text"/> <input type="text"/>	<input type="text"/>
ID	Question	Answer(s)	Skip
Id10172	Did you see the lower chest wall/ribs being pulled in as the child breathed in?		
Hint: Ask for children under the age of 12 years. Show photos/video (if available).		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
ID	Question	Answer(s)	Skip
Id10173	During the illness that led to death did his/her breathing sound like any of the following:		
Hint: In case of adults demonstrate wheezing sound only because stridor and grunting is extremely rare in adults. Ask about wheezing, stridor and grunting only for children under the age of 12 years. Demonstrate each sound, play audio (if available), if in doubt select multiple.		<input type="checkbox"/> Stridor	<input type="text"/>
		<input type="checkbox"/> Grunting	<input type="text"/>
		<input type="checkbox"/> Wheezing	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
ID	Question	Answer(s)	Skip
Id10174	Did (s)he have chest pain?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10181
		<input type="checkbox"/> Doesn't know	10181
		<input type="checkbox"/> Refused to answer	10181
ID	Question	Answer(s)	Skip
Id10176	How many days before death did (s)he have chest pain?		
Hint: Less than 1 day = "0." Use 1 week = 7 days to determine the number of days.		<input type="checkbox"/> Days <input type="text"/> <input type="text"/>	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10181	<b>Did (s)he have more frequent loose or liquid stools than usual?</b> Hint: 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 is diarrhoea.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	 10186 10186 10186
Id10182	<b>For how many days did (s)he have frequent loose or liquid stools?</b> Hint: Less than 1 day= "0". Use 1 week = 7 days to determine the number of days.	<input type="checkbox"/> Days	 
Id10183	<b>How many stools did the baby or child have on the day that loose liquid stools were most frequent?</b> Hint: Enter "99" if this information is not known.	Number of stools:	 
Id10184	<b>How many days before death did the frequent loose or liquid stools start?</b> Hint: Less than 1 day= "0". Use 1 week = 7 days to determine the number of days. Enter "99" if this information is not known.	<input type="checkbox"/> Days	 
Id10185	<b>Did the frequent loose or liquid stools continue until death?</b> Hint:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	   
Id10186	<b>At any time during the final illness was there blood in the stools?</b> Hint:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	 10188 10188 10188
Id10187	<b>Was there blood in the stool up until death?</b> Hint:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	   



ID	Question	Answer(s)	Skip
Id10188	Did (s)he vomit?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10189	Did (s)he vomit in the week preceding the death?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10193
		<input type="checkbox"/> Doesn't know	10193
		<input type="checkbox"/> Refused to answer	10193
Id10191	Was there blood in the vomit?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10192	Was the vomit black?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10193	Did (s)he have any belly (abdominal) problem?		
Hint:	Explain to the respondent that problems could be pain, protruding abdomen or a mass.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10194	Did (s)he have belly (abdominal) pain?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10200
		<input type="checkbox"/> Doesn't know	10200
		<input type="checkbox"/> Refused to answer	10200

ID	Question	Answer(s)	Skip
Id10195	Was the belly (abdominal) pain severe?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10200
		<input type="checkbox"/> Doesn't know	10200
		<input type="checkbox"/> Refused to answer	10200
ID	Question	Answer(s)	Skip
pain_duration	For how long did (s)he have belly (abdominal) pain?		
Hint:	Enter for one option only.	<input type="checkbox"/> Hours	<input type="text"/>
		<input type="checkbox"/> Days	<input type="text"/>
		<input type="checkbox"/> Weeks	<input type="text"/>
		<input type="checkbox"/> Months	<input type="text"/>
ID	Question	Answer(s)	Skip
Id10199	Was the pain in the upper or lower belly (abdomen)?		
Hint:		<input type="checkbox"/> Upper abdomen	<input type="text"/>
		<input type="checkbox"/> Lower abdomen	<input type="text"/>
		<input type="checkbox"/> Upper and lower abdomen	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
ID	Question	Answer(s)	Skip
Id10200	Did (s)he have a more than usually protruding belly (abdomen)?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10204
		<input type="checkbox"/> Doesn't know	10204
		<input type="checkbox"/> Refused to answer	10204
ID	Question	Answer(s)	Skip
Id10201	For how many days did (s)he have a more than usually protruding belly (abdomen)?		
Hint:	Less than 1 day= "0". Use 1 week = 7 days to determine the number of days.	<input type="checkbox"/> Days	<input type="text"/>
ID	Question	Answer(s)	Skip
Id10202	For how many months did (s)he have a more than usually protruding belly (abdomen)?		
Hint:		<input type="checkbox"/> Months	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10203	How rapidly did (s)he develop the protruding belly (abdomen)?	<input type="checkbox"/> Rapidly <input type="checkbox"/> Slowly	<input type="text"/> <input type="text"/>
Id10204	Did (s)he have any mass in the belly (abdomen)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	<input type="text"/> 10207 10207 10207
Id10205	For how many days before death did (s)he have a mass in the belly (abdomen)?	<input type="checkbox"/> Days	<input type="text"/> <input type="text"/> <input type="text"/>
Id10206	For how many months before death did (s)he have a mass in the belly (abdomen)?	<input type="checkbox"/> Months	<input type="text"/> <input type="text"/> <input type="text"/>
Id10207	Did (s)he have a severe headache?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10208	Did (s)he have a stiff neck during illness that led to death?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	<input type="text"/> 10210 10210 10210
Id10209	For how many days before death did (s)he have stiff neck?	<input type="checkbox"/> Days	<input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip
Id10210	Did (s)he have a painful neck during the illness that led to death?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10214
		<input type="checkbox"/> Doesn't know	10214
		<input type="checkbox"/> Refused to answer	10214
Id10211	For how many days before death did (s)he have a painful neck?		
Hint:	Less than 1 day= "0". 1 week= 7 days. 1 month=30 days	<input type="checkbox"/> Days <input type="text"/> <input type="text"/>	<input type="text"/>
Id10214	Was (s)he unconscious during the illness that lead to death?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10219
		<input type="checkbox"/> Doesn't know	10219
		<input type="checkbox"/> Refused to answer	10219
Id10215	Was (s)he unconscious for more than 24 hours before death?		
Hint:		<input type="checkbox"/> Yes	10217
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10216	How many hours before death did unconsciousness start?		
Hint:	The question needs input in hours but the respondent may not know exactly and so it may be easier to ask 'how long' and then convert the duration in hours. (Less than 1 hour = "0")	<input type="checkbox"/> Hours <input type="text"/> <input type="text"/>	<input type="text"/>
Id10217	Did the unconsciousness start suddenly, quickly (at least within a single day)?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10218	Did the unconsciousness continue until death?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10219	Did (s)he have convulsions?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10223
		<input type="checkbox"/> Doesn't know	10223
		<input type="checkbox"/> Refused to answer	10223
Id10220	Did (s)he experience any generalized convulsions or fits during the illness that led to death?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10221	For how many minutes did the convulsions last?		
Hint:	Less than 1 minute = "0". Use 1 hour=60 minutes to determine the number of minutes	<input type="checkbox"/> Minutes <input type="text"/> <input type="text"/>	<input type="text"/>
Id10222	Did (s)he become unconscious immediately after the convulsions?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10223	Did (s)he have any urine problems?		
Hint:	Explain to the respondent that urine problems refer to urinating a lot or not at all, and blood in the urine.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10227
		<input type="checkbox"/> Doesn't know	10227
		<input type="checkbox"/> Refused to answer	10227

ID	Question	Answer(s)	Skip
Id10224	Did (s)he stop urinating?		
Hint:	This means that the deceased stopped urinating.	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10225	Did (s)he go to urinate more often than usual?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10226	During the final illness did (s)he ever pass blood in the urine?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10227	Did (s)he have sores or ulcers anywhere on the body?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10230
		<input type="checkbox"/> Doesn't know	10230
		<input type="checkbox"/> Refused to answer	10230
Id10229	Did the sores have clear fluid or pus?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10230	Did (s)he have an ulcer (pit) on the foot?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10233
		<input type="checkbox"/> Doesn't know	10233
		<input type="checkbox"/> Refused to answer	10233

ID	Question	Answer(s)	Skip
Id10231	Did the ulcer on the foot ooze pus?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10233
		<input type="checkbox"/> Doesn't know	10233
		<input type="checkbox"/> Refused to answer	10233
Id10232	For how many days did the ulcer on the foot ooze pus?		
Hint:	Less than 1 day= "0". Use 1 week=7 days to determine the number of days.	<input type="checkbox"/> Days	<input type="text"/>
Id10233	During the illness that led to death, did (s)he have any skin rash?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10238
		<input type="checkbox"/> Doesn't know	10238
		<input type="checkbox"/> Refused to answer	10238
Id10234	For how many days did (s)he have the skin rash?		
Hint:	Less than 1 day= "0". Use 1 week=7 days to determine the number of days	<input type="checkbox"/> Days	<input type="text"/>
Id10235	Where was the rash?		
Hint:	Select all that apply.	<input type="checkbox"/> Face	<input type="text"/>
		<input type="checkbox"/> Trunk or abdomen	<input type="text"/>
		<input type="checkbox"/> Extremities	<input type="text"/>
		<input type="checkbox"/> Everywhere	<input type="text"/>
Id10236	Did (s)he have measles rash (use local term)?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10238	During the illness that led to death, did her/his skin flake off in patches?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10239	During the illness that led to death, did he/she have areas of the skin that turned black?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10240	During the illness that led to death, did he/she have areas of the skin with redness and swelling?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10241	During the illness that led to death, did (s)he bleed from anywhere?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10243
		<input type="checkbox"/> Doesn't know	10243
		<input type="checkbox"/> Refused to answer	10243
Id10242	Did (s)he bleed from the nose, mouth or anus?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10243	Did (s)he have noticeable weight loss?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>



ID	Question	Answer(s)	Skip
Id10244	Was (s)he severely thin or wasted?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10245	During the illness that led to death, did s/he have a whitish rash inside the mouth or on the tongue?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10246	Did (s)he have stiffness of the whole body or was unable to open the mouth?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10247	Did (s)he have puffiness of the face?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10249
		<input type="checkbox"/> Doesn't know	10249
		<input type="checkbox"/> Refused to answer	10249
Id10248	For how many days did (s)he have puffiness of the face?		
Hint:	Less than 1 day= "0". Use 1 month= 7 days or 1 month=30 days to determine the number of days.	<input type="checkbox"/> Days	<input type="text"/>
Id10249	During the illness that led to death, did (s)he have swollen legs or feet?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10252
		<input type="checkbox"/> Doesn't know	10252
		<input type="checkbox"/> Refused to answer	10252

ID	Question	Answer(s)	Skip
Id10250	How many days did the swelling last? Hint: Less than 1 day="0". Use 1 month=30 days or 1 month=30 days to determine the number of days.	<input type="text"/> Days <input type="text"/> <input type="text"/>	<input type="text"/>
Id10251	Did (s)he have both feet swollen? Hint:	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10252	Did (s)he have general puffiness all over his/her body? Hint:	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10253	Did (s)he have any lumps? Hint:	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10258
		<input type="checkbox"/> Doesn't know	10258
		<input type="checkbox"/> Refused to answer	10258
Id10255	Did (s)he have any lumps on the neck? Hint:	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10256	Did (s)he have any lumps on the armpit? Hint:	<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10257	Did (s)he have any lumps on the groin?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10258	Was (s)he in any way paralysed?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10261
		<input type="checkbox"/> Doesn't know	10261
		<input type="checkbox"/> Refused to answer	10261
Id10259	Did s(he) have paralysis of only one side of the body?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10260	Which were the limbs or body parts paralysed?		
Hint:	Select all that apply.	<input type="checkbox"/> Right side	<input type="text"/>
		<input type="checkbox"/> Left side	<input type="text"/>
		<input type="checkbox"/> Lower part of body	<input type="text"/>
		<input type="checkbox"/> Upper part of body	<input type="text"/>
		<input type="checkbox"/> One leg only	<input type="text"/>
		<input type="checkbox"/> One arm only	<input type="text"/>
		<input type="checkbox"/> Whole body	<input type="text"/>
		<input type="checkbox"/> Other	<input type="text"/>
Id10261	Did (s)he have difficulty swallowing?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10264
		<input type="checkbox"/> Doesn't know	10264
		<input type="checkbox"/> Refused to answer	10264

ID	Question	Answer(s)	Skip
Id10262	For how many days before death did (s)he have difficulty swallowing?		
Hint:	Less than 1 day="0". Use 1 month=30 days or 1 month=30 days to determine the number of days	<input type="checkbox"/> Days <input type="text"/> <input type="text"/> <input type="text"/>	
Id10263	Was the difficulty with swallowing with solids, liquids, or both?		
Hint:		<input type="checkbox"/> Solids <input type="checkbox"/> Liquids <input type="checkbox"/> Both	<input type="text"/> <input type="text"/> <input type="text"/>
Id10264	Did (s)he have pain upon swallowing?		
Hint:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10265	Did (s)he have yellow discoloration of the eyes?		
Hint:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	<input type="text"/> <input type="text"/> 10267 <input type="text"/> 10267 <input type="text"/> 10267
Id10266	For how many days did (s)he have the yellow discoloration?		
Hint:	Less than 1 day="0". Use 1 month=30 days or 1 month=30 days to determine the number of days	<input type="checkbox"/> Days <input type="text"/> <input type="text"/> <input type="text"/>	
Id10267	Did her/his hair change in color to a reddish or yellowish color?		
Hint:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip
Id10268	Did (s)he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?		
Hint:	Long term deficiency of the blood results in a pale, whitish appearance of the lips, tongue, and eye sac. Sometime it is referred to as thinning or lack of blood, or pallor.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10269	Did (s)he have sunken eyes?		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10270	Did (s)he drink a lot more water than usual?		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10271	Was the baby able to suckle or bottle-feed within the first 24 hours after birth?		
Hint:	Ask only if the child was < 1 year old when it died.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10272	Did the baby ever suckle in a normal way?		
Hint:	Ask only if the child was < 1 year old when it died.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10273	Did the baby stop suckling?		
Hint:	Ask only if the child was < 1 year old when it died.		
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	10275
		<input type="checkbox"/> Doesn't know	10275
		<input type="checkbox"/> Refused to answer	10275
Id10274	How many days after birth did the baby stop suckling?		
Hint:	Ask only if the child was < 1 year old when it died.		
		<input type="checkbox"/> Days <input type="text"/> <input type="text"/>	
Id10275	Did the baby have convulsions starting within the first 24 hours of life?		
Hint:	Ask only if the child was < 1 year old when it died.		
		<input type="checkbox"/> Yes	10277
		<input type="checkbox"/> No	
		<input type="checkbox"/> Doesn't know	
		<input type="checkbox"/> Refused to answer	
Id10276	Did the baby have convulsions starting more than 24 hours after birth?		
Hint:	Ask only if the child was < 1 year old when it died.		
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Doesn't know	
		<input type="checkbox"/> Refused to answer	
Id10277	Did the baby's body become stiff, with the back arched backwards?		
Hint:	Ask only if the child was < 1 year old when it died.		
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Doesn't know	
		<input type="checkbox"/> Refused to answer	
Id10278	During the illness that led to death, did the baby have a bulging or raised fontanelle? (ask only up to 18 months)		
Hint:	Show photo (if available)		
		<input type="checkbox"/> Yes	10281
		<input type="checkbox"/> No	
		<input type="checkbox"/> Doesn't know	
		<input type="checkbox"/> Refused to answer	

ID	Question	Answer(s)	Skip
Id10279	During the illness that led to death, did the baby have a sunken fontanelle? (ask only up to 18 months)		
Hint:	Show photo (if available)		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10281	During the illness that led to death, did the baby become unresponsive or unconscious?		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10282	Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours?		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10283	Did the baby become unresponsive or unconscious more than 24 hours after birth?		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10352	How many years old was the child when the fatal illness started?		
Hint:	If child < 1 year, fill in "0."		
		<input type="checkbox"/> Years <input type="text"/> <input type="text"/>	<input type="text"/>
Id10354	Was the child part of a multiple birth?		
Hint:	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.		
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10356
		<input type="checkbox"/> Doesn't know	10356
		<input type="checkbox"/> Refused to answer	10356

ID	Question	Answer(s)	Skip
Id10355	Was the child the first, second, or later in the birth order?		
Hint:		<input type="checkbox"/> First	<input type="text"/>
		<input type="checkbox"/> Second or later	<input type="text"/>
Id10356	Is the mother still alive?		
Hint:	If 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.	<input type="checkbox"/> Yes	10360
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10357	Did the mother die during or after the delivery?		
Hint:		<input type="checkbox"/> During delivery	10360
		<input type="checkbox"/> After delivery	<input type="text"/>
mother_death	How long after the delivery did the mother die?		
Hint:	The respondent may reply in months or days. If less than 24 hours, record "0" days. If < 1 month, record in days; if less than < 2 months, record in weeks; if ≥ 2 months, record in completed months.	<input type="checkbox"/> Months <input type="text"/> <input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Weeks <input type="text"/> <input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Days <input type="text"/> <input type="text"/>	<input type="text"/>
Id10360	Where was the deceased born?		
Hint:	Read the question and slowly read the first 5 choices. Respondent should hear all 5 choices and then respond.	<input type="checkbox"/> Hospital	<input type="text"/>
		<input type="checkbox"/> Other health facility	<input type="text"/>
		<input type="checkbox"/> Home	<input type="text"/>
		<input type="checkbox"/> On route to hospital or facility	<input type="text"/>
		<input type="checkbox"/> Other	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>



ID	Question	Answer(s)	Skip
Id10361	Did you/the mother receive professional assistance during the delivery? (ask only up to 1 year)		
Hint:	Explain to the respondent what is meant by professional assistance: delivery attended by a medical professional (doctor, nurse or midwife).		
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Doesn't know	
		<input type="checkbox"/> Refused to answer	
Id10362	At birth, was the baby of usual size?		
Hint:	Show photos (if available), explain to the respondent that even if the answer is "no" some more questions will be asked, just to make sure no important detail has been missed.		
		<input type="checkbox"/> Yes	10366
		<input type="checkbox"/> No	
		<input type="checkbox"/> Doesn't know	
		<input type="checkbox"/> Refused to answer	
Id10363	At birth, was the baby smaller than usual, (weighing under 2.5 kg)?		
Hint:	Show photos (if available ).		
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	10365
		<input type="checkbox"/> Doesn't know	10365
		<input type="checkbox"/> Refused to answer	10365
Id10364	At birth, was the baby very much smaller than usual, (weighing under 1 kg)?		
Hint:	Show photos (if available ).		
		<input type="checkbox"/> Yes	10366
		<input type="checkbox"/> No	10366
		<input type="checkbox"/> Doesn't know	10366
		<input type="checkbox"/> Refused to answer	10366
Id10365	At birth, was the baby larger than usual, (weighing over 4.5 kg)?		
Hint:	Show photos (if available ).		
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Doesn't know	
		<input type="checkbox"/> Refused to answer	

ID	Question	Answer(s)	Skip
Id10366	<b>What was the weight (in grammes) of the deceased at birth?</b> Hint: Respondents may give the answer in kilograms. For the data entry, convert to grammes. 1 kilogram=1,000 grammes. Enter "9999" for "Don't know." Enter "8888" for "Refused to answer."	Grammes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Id10367	<b>How many months long was the pregnancy before the child was born? (ask only up to 1 year)</b> Hint: If don't know enter "99"	<input type="checkbox"/> Months <input type="text"/> <input type="text"/> <input type="text"/>	
Id10368	<b>Were there any complications in the late part of the pregnancy (defined as the last 3 months, before labour)? (ask only up to 1 year)</b> Hint:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10369	<b>Were there any complications during labour or delivery? (ask only up to 1 year)</b> Hint:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10370	<b>Was any part of the baby physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on body)?</b> Hint:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	<input type="text"/> <input type="text"/> 10418 <input type="text"/> <input type="text"/>
Id10371	<b>Did the baby/ child have a swelling or defect on the back at time of birth?</b> Hint:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip
Id10372	Did the baby/ child have a very large head at time of birth?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10373	Did the baby/ child have a very small head at time of birth?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10408_1	Before the illness that led to death, was the baby/the child growing normally?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10418	Did (s)he receive any treatment for the illness that led to death?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10428
		<input type="checkbox"/> Doesn't know	10428
		<input type="checkbox"/> Refused to answer	10428
Id10419	Did (s)he receive oral rehydration salts?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10420	Did (s)he receive (or need) intravenous fluids (drip) treatment?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10421	Did (s)he receive (or need) a blood transfusion?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10422	Did (s)he receive (or need) treatment/food through a tube passed through the nose?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10423	Did (s)he receive (or need) injectable antibiotics?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10424	Did (s)he receive (or need) antiretroviral therapy (ART)?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10425	Did (s)he have (or need) an operation for the illness?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10427
		<input type="checkbox"/> Doesn't know	10427
		<input type="checkbox"/> Refused to answer	10427
Id10426	Did (s)he have the operation within 1 month before death?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10427	Was (s)he discharged from hospital very ill?		
Hint:		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Doesn't know	
		<input type="checkbox"/> Refused to answer	
Id10428	Had (s)he received immunizations?		
Hint:		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	10432
		<input type="checkbox"/> Doesn't know	10432
		<input type="checkbox"/> Refused to answer	10432
Id10429	Do you have the child's vaccination card?		
Hint:		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	10432
		<input type="checkbox"/> Doesn't know	10432
		<input type="checkbox"/> Refused to answer	10432
Id10430	Can I see the vaccination card (note the vaccines the child received)?		
Hint:	Only fill in the vaccination sheet if the respondent has the vaccination card at the present moment during the VA interview; the interviewer should fill in the vaccination sheet, not the respondent. If applicable, take photo with name covered.	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	10432
		<input type="checkbox"/> Doesn't know	10432
		<input type="checkbox"/> Refused to answer	10432

ID	Question	Answer(s)	Skip
Id10431	[Note vaccines here]		
Hint:	If applicable, record vaccine, date, and age of child		

ID	Question	Answer(s)	Skip
Id10432	Was care sought outside the home while (s)he had this illness?		
Hint:		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	10450
		<input type="checkbox"/> Doesn't know	10450
		<input type="checkbox"/> Refused to answer	10450

ID	Question	Answer(s)	Skip
Id10433	Where or from whom did you seek care?		
Hint:	Read the question and read the choices. Select all that apply.		
		<input type="checkbox"/> Traditional healer	<input type="text"/>
		<input type="checkbox"/> Homeopath	<input type="text"/>
		<input type="checkbox"/> Religious leader	<input type="text"/>
		<input type="checkbox"/> Government hospital	<input type="text"/>
		<input type="checkbox"/> Government health center or clinic	<input type="text"/>
		<input type="checkbox"/> Private hospital	<input type="text"/>
		<input type="checkbox"/> Community-based practitioner associated with health system	<input type="text"/>
		<input type="checkbox"/> Trained birth attendant	<input type="text"/>
		<input type="checkbox"/> Private physician	<input type="text"/>
		<input type="checkbox"/> Relative, friend (outside household)	<input type="text"/>
		<input type="checkbox"/> Pharmacy	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10434	Record the name and address of any hospital, health center or clinic where care was sought		
Hint:	Record information provided.		
	<input type="text"/>		
	<input type="text"/>		

ID	Question	Answer(s)	Skip
Id10435	Did a health care worker tell you the cause of death?		
Hint:			
		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10437
		<input type="checkbox"/> Doesn't know	10437
		<input type="checkbox"/> Refused to answer	10437

ID	Question	Answer(s)	Skip
Id10436	What did the health care worker say?		
Hint:			

ID	Question	Answer(s)	Skip
Id10437	Do you have any health records that belonged to the deceased?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10445
		<input type="checkbox"/> Doesn't know	10445
		<input type="checkbox"/> Refused to answer	10445

ID	Question	Answer(s)	Skip
Id10438	Can I see the health records?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10445
		<input type="checkbox"/> Doesn't know	10445
		<input type="checkbox"/> Refused to answer	10445

ID	Question	Answer(s)	Skip
Id10439	[Record the date of the most recent (last) visit]		
Hint: If date unknown, record January 1, 2000 to indicate not available.			
		Day/	Month/
			Year/

ID	Question	Answer(s)	Skip
Id10445	Have you/has the deceased's (biological) mother ever been tested for HIV?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10446	Have you/has the deceased's (biological) mother ever been told she had HIV/AIDS by a health worker?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>



ID	Question	Answer(s)	Skip
Id10450	In the final days before death, did s/he travel to a hospital or health facility?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	10455
		<input type="checkbox"/> Doesn't know	10455
		<input type="checkbox"/> Refused to answer	10455
Id10451	Did (s)he use motorised transport to get to the hospital or health facility?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10452	Were there any problems during admission to the hospital or health facility?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10453	Were there any problems with the way (s)he was treated (medical treatment, procedures, interpersonal attitudes, respect, dignity) in the hospital or health facility?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10454	Were there any problems getting medications or diagnostic tests in the hospital or health facility?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10455	Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10456	In the final days before death, were there any doubts about whether medical care was needed?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10457	In the final days before death, was traditional medicine used?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10458	In the final days before death, did anyone use a telephone or cell phone to call for help?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>
Id10459	Over the course of illness, did the total costs of care and treatment prohibit other household payments?		
Hint:		<input type="checkbox"/> Yes	<input type="text"/>
		<input type="checkbox"/> No	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10462	<b>Was a death certificate issued?</b> Hint: The following information serves only to complete cause of death information in some environments. In routine CRVS this information could be skipped in the interview, and information be collected from other sources, if available.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	 10476 10476 10476
Id10463	<b>Can I see the death certificate?</b> Hint: Fill in the following questions only if you are shown the copy of the certificate. Do not fill in just based on oral statements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	 10476 10476 10476
Id10464	<b>[Record the immediate cause of death from the certificate (line 1a)]</b> Hint: An antecedent cause is the one that caused the one on the line above, e.g. diabetes mellitus may be an antecedent cause to kidney disease.		
Id10465	<b>[Duration (Ia):]</b> Hint:		
Id10466	<b>[Record the first antecedent cause of death from the certificate (line 1b)]</b> Hint: For all following lines, add duration, if stated.		
Id10467	<b>[Duration (Ib):]</b> Hint:		
Id10468	<b>[Record the second antecedent cause of death from the certificate (line 1c)]</b> Hint:		
Id10469	<b>[Duration (Ic):]</b> Hint:		
Id10470	<b>[Record the third antecedent cause of death from the certificate (line 1d)]</b> Hint:		

ID	Question	Answer(s)	Skip
Id10471	[Duration (Id):]		
Hint:			
ID	Question	Answer(s)	Skip
Id10472	[Record the contributing cause(s) of death from the certificate (part 2)]		
Hint:			
ID	Question	Answer(s)	Skip
Id10473	[Duration (part2):]		
Hint:			
ID	Question	Answer(s)	Skip
Id10476	NARRATIVE DESCRIPTION Thank you for your information. Now can you please tell me in your own words about the events that led to the death?		
Hint: AUDIO RECORDING • IF APPLICABLE, REQUEST CONSENT FOR AUDIO RECORDING: May I record your response? • IF YES, RECORD VERBAL CONSENT AT START OF RECORDING: “Do I have consent to record your response? WRITTEN NOTES AND PROBING • RECORD DETAILED NOTES OF RESPONSE; USE ADDITIONAL PAPER AS NEEDED. • IF NEEDED, PROBE FOR ADDL DETAILS ON WHEN RESPONDENT RECOGNIZED SYMPTOMS, CARE SOUGHT, BARRIERS TO CARE, ISSUES WITH TRANSPORT, ABNORMALITIES, ETC.			

ID	Question	Answer(s)	Skip
Id10478	Select any of the following words that were mentioned as present in the narrative.		
Hint:		<input type="checkbox"/> Abdomen	<input type="text"/>
		<input type="checkbox"/> Cancer	<input type="text"/>
		<input type="checkbox"/> Dehydration	<input type="text"/>
		<input type="checkbox"/> Dengue fever	<input type="text"/>
		<input type="checkbox"/> Diarrhoea	<input type="text"/>
		<input type="checkbox"/> Fever	<input type="text"/>
		<input type="checkbox"/> Heart problems	<input type="text"/>
		<input type="checkbox"/> Jaundice (yellow skin or eyes)	<input type="text"/>
		<input type="checkbox"/> Pneumonia	<input type="text"/>
		<input type="checkbox"/> Rash	<input type="text"/>
		<input type="checkbox"/> None of the above words were mentioned	<input type="text"/>
		<input type="checkbox"/> Don't know	<input type="text"/>

ID	Question	Answer(s)	Skip
Id10481	Time at end of interview		
Hint:	hh:mm 24 h		
		HH: <input type="text"/> <input type="text"/> MM: <input type="text"/> <input type="text"/>	

ID	Question	Answer(s)	Skip
form_end	End of the Interview - Thanks		
Hint:			