FORMATTING DATE: 7 June 2017
ENGLISH LANGUAGE: 7 June 2017

2017 GHANA MATERNAL HEALTH SURVEY
PHASE 2 VERBAL AUTOPSY QUESTIONNAIRE

GHANA STATISTICAL SERVICE

IDENTIFICATION

LOCALITY NAME _____

NAME OF HOUSEHOLD HEAD _____

REGION . . . . . [ ][ ]

DISTRICT . . . . . [ ][ ]

CLUSTER NUMBER . . . . . [0][ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ][ ][ ]

DECEASED WOMAN'S NAME AND LINE NUMBER FROM HH LISTING _____ [ ][ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY [ ][ ]
				MONTH [ ][ ]
				YEAR [2][0][1][7]
INTERVIEWER'S NAME				INT. NO. [ ][ ][ ][ ]
RESULT*				RESULT* [ ]
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS [ ]
TIME				

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE** [0][0] LANGUAGE OF INTERVIEW** [ ][ ] NATIVE LANGUAGE OF RESPONDENT** [ ][ ] TRANSLATOR USED (YES = 1, NO = 2) [ ]

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:

00 ENGLISH	05 MOLE-DAGBANI
01 AKAN	06 GRUSI
02 GA	07 GURMA
03 EWE	08 MANDE
04 GUAN	96 OTHER _____ (SPECIFY)

SUPERVISOR

_____ NAME [ ][ ][ ][ ] NUMBER

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INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Ghana Statistical Service. We are conducting a national survey that asks about women's health issues. We would very much appreciate your participation in this survey. A few months ago when we visited your house, we were informed about the death of (NAME). I am here now to ask you about the circumstances that led to her death. This information will help the government to improve women's health services. The survey will take between 30 and 60 minutes to complete. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . . 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . 2 → END

100	RECORD THE TIME.	HOURS . . . . . MINUTES	

SECTION 1. DECEASED WOMAN'S BACKGROUND AND RESPONDENT'S RELATIONSHIP

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	In what day, month, and year was (NAME) born?	DAY . . . . . DON'T KNOW DAY . . . . . 98 MONTH . . . . . DON'T KNOW MONTH . . . . . 98 YEAR	
102	In what day, month, and year did (NAME) die?	DAY . . . . . DON'T KNOW DAY . . . . . 98 MONTH . . . . . DON'T KNOW MONTH . . . . . 98 YEAR	
103	CHECK 102: DIED IN 2012, 2013, 2014, 2015, 2016, OR 2017 ☐	DIED BEFORE 2012 ☐ →	END

SECTION 1. DECEASED WOMAN'S BACKGROUND AND RESPONDENT'S RELATIONSHIP

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
104	How old was (NAME) when she died? RECORD AGE IN COMPLETED YEARS COMPARE AND CORRECT 101, 102, AND/OR 104 IF INCONSISTENT	AGE AT DEATH . . . . . ☐☐	
105	CHECK 104: AGE AT DEATH BETWEEN 12 AND 49 YEARS ☐	AGE AT DEATH 11 YEARS OR YOUNGER ☐ → AGE AT DEATH 50 YEARS OR OLDER ☐ →	END
106	Was (NAME) pregnant when she died?	YES . . . . . 1 NO 2	→ 108C
107	Did (NAME) die during childbirth?	YES . . . . . 1 NO 2	→ 109
108A	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . . . 1 NO 2	→ 108C
108B	How many days after the end of the pregnancy or childbirth did (NAME) die?	DAYS . . . . . ☐☐	
108C	Was (NAME)'s death due to an act of violence?	YES . . . . . 1 NO 2	→ 109
108D	Was (NAME)'s death due to an accident?	YES . . . . . 1 NO 2	
109	What was (NAME)'s marital status?	NEVER MARRIED . . . . . 1 MARRIED . . . . . 2 LIVING WITH A PARTNER . . . . . 3 SEPARATED . . . . . 4 DIVORCED . . . . . 5 WIDOWED 6	
110	What is the highest level of school (NAME) had attended: primary, middle, JSS/JHS, secondary, SSS/SHS, higher, or had (NAME) never attended school?	PRIMARY . . . . . 1 MIDDLE . . . . . 2 JSS/JHS . . . . . 3 SECONDARY . . . . . 4 SSS/SHS . . . . . 5 HIGHER . . . . . 6 NEVER ATTENDED SCHOOL . . . . . 7 DON'T KNOW 8	
111	Did (NAME) do any work in the 12 months before her death?	YES . . . . . 1 NO 2	→ 113
112	What was her occupation? That is, what kind of work did (NAME) mainly do?	_____ _____ _____ _____ BOXES FOR OFFICE USE ONLY ☐☐	

SECTION 1. DECEASED WOMAN'S BACKGROUND AND RESPONDENT'S RELATIONSHIP

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	What was (NAME)'s religion?	CATHOLIC . . . . . 01 ANGLICAN . . . . . 02 METHODIST . . . . . 03 PRESBYTERIAN . . . . . 04 PENTECOSTAL/CHARISMATIC . . . . . 05 OTHER CHRISTIAN . . . . . 06 ISLAM . . . . . 07 TRADITIONAL/SPIRITUALIST . . . . . 08 NO RELIGION . . . . . 09 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
114	What ethnic group did (NAME) belong to?	AKAN . . . . . 01 GA/DANGME . . . . . 02 EWE . . . . . 03 GUAN . . . . . 04 MOLE-DAGBANI . . . . . 05 GRUSI . . . . . 06 GURMA . . . . . 07 MANDE . . . . . 08 OTHER _____ 96 (SPECIFY)	
115	Where did (NAME) die?	HER HOME . . . . . 1 OTHER HOME . . . . . 2 HEALTH FACILITY . . . . . 3 EN ROUTE TO HEALTH FACILITY . . . . . 4 SHRINE/PRAYER CAMP . . . . . 5 OTHER _____ 6 (SPECIFY)	
116	Where was (NAME)'s usual place of residence?	IN THIS HOUSE . . . . . 1 IN THIS LOCALITY . . . . . 2 IN A DIFFERENT VILLAGE/TOWN . . . . . 3 OTHER _____ 6 (SPECIFY)	
117	Where did the burial take place?	IN THIS HOUSE . . . . . 1 IN THIS LOCALITY . . . . . 2 IN A DIFFERENT VILLAGE/TOWN . . . . . 3 BURIAL NOT YET PERFORMED . . . . . 4 OTHER _____ 6 (SPECIFY)	
118	During which season did (NAME) die?	WET SEASON . . . . . 1 DRY SEASON . . . . . 2 OTHER _____ 6 (SPECIFY)	
119	What was your relationship with (NAME)?	HUSBAND/PARTNER . . . . . 1 PARENT . . . . . 2 CHILD . . . . . 3 SIBLING . . . . . 4 OTHER FAMILY MEMBER . . . . . 5 FRIEND . . . . . 6 ANOTHER RELATIONSHIP 7	
120	Did you live with (NAME) in the period leading to her death?	YES . . . . . 1 NO 2	

SECTION 2. NARRATIVE

NO.	QUESTION
201	Now could you please tell me about the illnesses and events leading to (NAME)'s death? **IMPORTANT: READ YOUR NOTES BACK TO THE RESPONDENT SO HE OR SHE CAN CORRECT OR CLARIFY** **ALSO IMPORTANT: MAKE SURE YOUR HANDWRITING CAN BE READ BY SOMEONE ELSE**

SECTION 2. NARRATIVE

NO.	QUESTION

SECTION 2. NARRATIVE

NO.	QUESTION

SECTION 3. HISTORY OF INJURIES/ACCIDENTS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Just to confirm, did (NAME) suffer from any injury or accident that led to her death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 401A
302A	Was it a road traffic accident?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 303
302B	What was her role in the road traffic accident?	PEDESTRIAN . . . . . 1 DRIVER OR PASSENGER IN CAR OR LIGHT VEHICLE . . . . . 2 DRIVER OR PASSENGER IN BUS OR HEAVY VEHICLE . . . . . 3 DRIVER OR PASSENGER ON MOTORCYCLE . . . . . 4 DRIVER OR PASSENGER ON PEDAL CYCLE . . . . . 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
302C	What was the counterpart during the road traffic accident?	PEDESTRIAN . . . . . A STATIONARY OBJECT . . . . . B CAR OR LIGHT VEHICLE . . . . . C BUS OR HEAVY VEHICLE . . . . . D MOTORCYCLE . . . . . E PEDAL CYCLE . . . . . F DITCH/VERGE/SIDE OF ROAD . . . . . H ROAD SURFACE . . . . . I OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Y	
303	Was (NAME) injured in a non-road transport accident?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
304	Was (NAME) injured in a fall?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
305	Was there any poisoning?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
306	Did (NAME) die of drowning?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
307A	Was (NAME) injured by a bite or sting of venomous animal?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 307C
307B	Was (NAME) injured by an animal or insect (non-venomous)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 308
307C	What was the animal or insect?	DOG . . . . . 1 SNAKE . . . . . 2 INSECT . . . . . 3 SCORPION . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. HISTORY OF INJURIES/ACCIDENTS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	Was (NAME) injured by burns or fire?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
309	Was (NAME) subject to violence (suicide, homicide, or abuse?)	YES, SUICIDE . . . . . 1 YES, HOMICIDE . . . . . 2 YES, ABUSE . . . . . 3 NO . . . . . 4 DON'T KNOW 8	
310	Was (NAME) injured by a firearm?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
311	Was (NAME) stabbed, cut, or pierced?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
312	Was (NAME) strangled?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
313	Was (NAME) injured by a blunt force?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
314	Was (NAME) injured by a force of nature?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
315	Was (NAME) electrocuted?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
316	Was (NAME) injured by some other injury?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
317	Was the injury accidental?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
318	Was the accident or injury self-inflicted?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
319	Was the accident or injury intentionally inflicted by someone else?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 4. MEDICAL HISTORY ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401A	For how long was (NAME) ill before (NAME) died? RECORD ANSWER IN UNITS GIVEN IF LESS THAN ONE DAY, RECORD '00' IN DAYS	DAYS . . . . . 1 ☐☐ WEEKS . . . . . 2 ☐☐ MONTHS . . . . . 3 ☐☐ YEARS . . . . . 4 ☐☐	
401B	CHECK 401A: ANSWER IN UNIT OTHER THAN DAYS, OR IN DAYS AND MORE THAN 00 ☐	DAYS = 00 ☐ →	403
402	Did (NAME) die suddenly?	YES . . . . . 1 NO 2	
403	Was there any diagnosis by a physician or health worker of tuberculosis or TB?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 405A
404	For how many months or years prior to death was (NAME) diagnosed with tuberculosis or TB? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
405A	Was (NAME) ever tested for HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 409
405B	How many days, weeks, or months prior to death was (NAME) tested for HIV?	DAYS . . . . . 1 ☐☐ WEEKS . . . . . 2 ☐☐ MONTHS . . . . . 3 ☐☐ DON'T KNOW 998	
406	What was the result of that test?	POSITIVE . . . . . 1 NEGATIVE . . . . . 2 DON'T KNOW 8	→ 409
407	Was there any diagnosis by a physician or health worker of AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 409

SECTION 4. MEDICAL HISTORY ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
408	For how many months or years prior to death was (NAME) diagnosed with AIDS? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
409	Did (NAME) have a recent test by a physician or health worker for malaria?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 413
410A	What was the result of that test?	POSITIVE . . . . . 1 NEGATIVE . . . . . 2 DON'T KNOW 8	
410B	For how many days, weeks, or months prior to death was (NAME) tested for malaria?	DAYS . . . . . 1 ☐☐ WEEKS . . . . . 2 ☐☐ MONTHS . . . . . 3 ☐☐ DON'T KNOW 998	
413	Was there any diagnosis by a physician or health worker of measles?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 415
414	For how many months or years prior to death was (NAME) diagnosed with measles? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
415	Was there any diagnosis by a physician or health worker of high blood pressure?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 417
416	For how many months or years prior to death was (NAME) diagnosed with high blood pressure? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
417	Was there any diagnosis by a physician or health worker of heart disease?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 419

SECTION 4. MEDICAL HISTORY ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
418	For how many months or years prior to death was (NAME) diagnosed with heart disease? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
419	Was there any diagnosis by a physician or health worker of diabetes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 421
420	For how many months or years prior to death was (NAME) diagnosed with diabetes? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
421	Was there any diagnosis by a physician or health worker of asthma?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 423
422	For how many months or years prior to death was (NAME) diagnosed with asthma? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
423	Was there any diagnosis by a physician or health worker of epilepsy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 425
424	For how many months or years prior to death was (NAME) diagnosed with epilepsy? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
425	Was there any diagnosis by a physician or health worker of cancer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 428
426	What kind of cancer?	LUNG . . . . . 11 BREAST . . . . . 12 CERVIX . . . . . 13 LIVER . . . . . 14 THROAT . . . . . 15 COLON . . . . . 16 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 4. MEDICAL HISTORY ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
427	For how many months or years prior to death was (NAME) diagnosed with cancer? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
428	Was there any diagnosis by a physician or health worker of chronic obstructive pulmonary disease (COPD)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 430
429	For how many months or years prior to death was (NAME) diagnosed with chronic obstructive pulmonary disease (COPD)? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
430	Was there any diagnosis by a physician or health worker of dementia?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 432
431	For how many months or years prior to death was (NAME) diagnosed with dementia? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
432	Was there any diagnosis by a physician or health worker of depression?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 434
433	For how many months or years prior to death was (NAME) diagnosed with depression? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
434	Was there any diagnosis by a physician or health worker of other mental disorder?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 437
435	What was the mental disorder?	BIPOLAR DISORDER . . . . . 1 SCHIZOPHRENIA . . . . . 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 4. MEDICAL HISTORY ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
436	For how many months or years prior to death was (NAME) diagnosed with other mental disorder? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
437	Was there any diagnosis by a physician or health worker of stroke?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 439
438	For how many months or years prior to death was (NAME) diagnosed with stroke? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
439	Was there any diagnosis by a physician or health worker of sickle cell disease?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 441
440	For how many months or years prior to death was (NAME) diagnosed with sickle cell disease? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
441	Was there any diagnosis by a physician or health worker of kidney disease?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 443
442	For how many months or years prior to death was (NAME) diagnosed with kidney disease? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
443	Was there any diagnosis by a physician or health worker of liver disease?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 445
444	For how many months or years prior to death was (NAME) diagnosed with liver disease? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	

SECTION 4. MEDICAL HISTORY ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
445	Was there any diagnosis by a physician or health worker of other chronic illness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 448
446	What was the illness?	LUPUS . . . . . 1 RHEUMATOID ARTHRITIS . . . . . 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
447	For how many months or years prior to death was (NAME) diagnosed with (other chronic illness)? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	

448 What do you think was the cause of death?

WRITE EXACTLY AS THE RESPONDENT TELLS YOU
IMPORTANT: READ YOUR NOTES BACK TO THE RESPONDENT SO HE OR SHE CAN CORRECT OR CLARIFY

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	At this time I would like to ask you some questions concerning symptoms that (NAME) had or showed when (NAME) was ill. Some of these questions may not appear directly related to her health. Please bear with me and answer all the questions. Your answers will help us get a clear picture of all possible symptoms that (NAME) may have had. Did (NAME) have a fever?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 501F
501B	For how many days did the fever last? IF LESS THAN 1 DAY, RECORD '00'. IF 95 OR MORE DAYS, RECORD '95'.	DAYS . . . . . ☐☐ DON'T KNOW 98	
501C	Did the fever continue until death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
501D	How severe was the fever?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE 3	
501E	What was the pattern of the fever? PROBE: Continuous, off and on, only at night?	CONTINUOUS . . . . . 1 ON AND OFF . . . . . 2 ONLY AT NIGHT . . . . . 3 ONLY DURING DAY . . . . . 4 DON'T KNOW 8	
501F	Did (NAME) have night sweats?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
502A	Did (NAME) have a cough?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 503A
502B	For how many days did (NAME) have a cough? IF LESS THAN 1 MONTH, RECORD IN DAYS. IF LESS THAN 1 YEAR, RECORD IN MONTHS.	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ YEARS . . . . . 3 ☐☐ DON'T KNOW 998	
502C	Was the cough productive, with sputum?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
502D	Was the cough very severe?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
502E	Did (NAME) cough up blood? PROBE TO MAKE SURE BLOOD WAS COUGHED, NOT VOMITED	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
503A	Did (NAME) have any difficulty breathing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 504A
503B	For how long did the difficulty breathing last? IF LESS THAN 1 MONTH, RECORD IN DAYS. IF LESS THAN 1 YEAR, RECORD IN MONTHS.	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ YEARS . . . . . 3 ☐☐ DON'T KNOW 998	
503C	Was the difficulty continuous or on and off?	CONTINUOUS . . . . . 1 ON AND OFF . . . . . 2 DON'T KNOW 8	
504A	During the (illness/events/circumstances) that led to death, did (NAME) have fast breathing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 505A
504B	For how many days did the fast breathing last? IF LESS THAN 1 DAY, RECORD '00'. IF 95 OR MORE DAYS, RECORD '95'.	DAYS . . . . . ☐☐ DON'T KNOW 98	
505A	Did (NAME) have breathlessness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 506
505B	For how many days did (NAME) have breathlessness? IF LESS THAN 1 DAY, RECORD '00'. IF 95 OR MORE DAYS, RECORD '95'.	DAYS . . . . . ☐☐ DON'T KNOW 98	
505C	Was (NAME) unable to carry out daily routines due to breathlessness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
505D	Was (NAME) breathless while lying flat?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
506	During the (illness/events/circumstances) that led to death did her breathing sound like wheezing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
507A	Did (NAME) have chest pain?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 508A
507B	Was the chest pain severe?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
507C	How many days before death did (NAME) have chest pain? IF LESS THAN 1 DAY, RECORD '00'. IF 95 OR MORE DAYS, RECORD '95'.	DAYS . . . . . ☐☐ DON'T KNOW 98	

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
507D	How many minutes or hours did the pain last? IF LESS THAN 1 HOUR, RECORD IN MINUTES. IF 95 HOURS OR MORE, RECORD '95' IN HOURS.	MINUTES . . . . . 1 ☐☐ HOURS . . . . . 2 ☐☐ DON'T KNOW 998	
508A	Did (NAME) have more frequent loose or liquid stools than usual?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 508C
508B	For how many days did (NAME) have frequent loose or liquid stools? IF LESS THAN 1 DAY, RECORD '00'. IF 95 OR MORE DAYS, RECORD '95'.	DAYS . . . . . ☐☐ DON'T KNOW 98	
508C	At any time during the final (illness/events/circumstances) was there blood in the stools?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 509A
508D	Was there blood in the stool up until death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
509A	Did (NAME) vomit?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 510
509B	Did (NAME) vomit in the week preceding death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 510
509C	For how many days before death did (NAME) vomit? IF LESS THAN 1 DAY, RECORD '00'. IF 95 OR MORE DAYS, RECORD '95'.	DAYS . . . . . ☐☐ DON'T KNOW 98	
509D	Did (NAME) vomit blood? PROBE TO MAKE SURE BLOOD WAS VOMITED, NOT COUGHED	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
509E	Was the vomit black?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
510	Did (NAME) have any belly (abdominal) problems?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 514
511A	Did (NAME) have any belly (abdominal) pain?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 512A
511B	Was the belly (abdominal) pain severe?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
511C	For how long before death did (NAME) have abdominal pain? IF LESS THAN 1 HOUR, RECORD '00' IN HOURS. IF LESS THAN 1 DAY, RECORD IN HOURS. IF LESS THAN 1 WEEK, RECORD IN DAYS. IF LESS THAN 1 MONTH, RECORD IN WEEKS. IF 95 OR MORE MONTHS, RECORD '95' IN MONTHS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ MONTHS . . . . . 4 ☐☐ DON'T KNOW 998	
511D	Was the pain in the upper or lower abdomen?	UPPER ABDOMEN . . . . . 1 LOWER ABDOMEN . . . . . 2 UPPER AND LOWER ABDOMEN . . . . . 3 DON'T KNOW 8	
512A	Did (NAME) have a more than usually protruding abdomen?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 513A
512B	For how long did (NAME) have a more than usually protruding abdomen? IF LESS THAN 1 DAY, RECORD '00' IN DAYS. IF LESS THAN 1 MONTH, RECORD IN DAYS. IF 95 OR MORE MONTHS, RECORD '95' IN MONTHS.	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
512C	How rapidly did (NAME) develop the protruding abdomen?	RAPIDLY . . . . . 1 SLOWLY . . . . . 2 DON'T KNOW 8	
513A	Did (NAME) have any mass in the abdomen?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 514
513B	For how long before death did (NAME) have a mass in the abdomen? IF LESS THAN 1 DAY, RECORD '00' IN DAYS. IF LESS THAN 1 MONTH, RECORD IN DAYS. IF 95 OR MORE MONTHS, RECORD '95' IN MONTHS.	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
514	Did (NAME) have a severe headache?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
515A	Did (NAME) have a stiff neck during the (illness/events/circumstances) that led to death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 516A
515B	For how many days before death did (NAME) have a stiff neck? IF LESS THAN 1 DAY, RECORD '00'. IF 95 OR MORE DAYS, RECORD '95'.	DAYS . . . . . ☐☐ DON'T KNOW 98	

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516A	Did (NAME) have a painful neck during the (illness/events/circumstances) that led to death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 517A
516B	For how many days before death did (NAME) have a painful neck? IF LESS THAN 1 DAY, RECORD '00'. IF 95 OR MORE DAYS, RECORD '95'.	DAYS . . . . . ☐☐ DON'T KNOW 98	
517A	Did (NAME) have mental confusion?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 518A
517B	For how long did (NAME) have mental confusion? IF LESS THAN 1 MONTH, RECORD '00' IN MONTHS	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
518A	Was (NAME) unconscious during the (illness/events/circumstances) that led to death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 519A
518B	Was (NAME) unconscious for more than 24 hours before death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 519A
518C	Did the unconsciousness start suddenly or quickly, at least within a single day?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
518D	Did the unconsciousness continue until death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
519A	Did (NAME) have convulsions?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 520A
519B	For how many minutes did the convulsions last? IF LESS THAN 1 MINUTE, RECORD '00'. IF 95 MINUTES OR MORE, RECORD '95'.	MINUTES . . . . . ☐☐ DON'T KNOW 98	
519C	Did (NAME) become unconscious immediately after the convulsion?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
520A	Did (NAME) have any urine problems?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 522A
520B	Did (NAME) stop urinating?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
520C	Did (NAME) go to urinate more often than usual?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
520D	During the final (illness/events/circumstances) did (NAME) ever pass blood in the urine?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
522A	Did (NAME) have sores?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 523A
522B	Did the sores have clear fluid or pus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
523A	Did (NAME) have an ulcer or pit on the foot?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 524A
523B	Did the ulcer on the foot ooze pus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 524A
523C	For how many days did the ulcer on the foot ooze pus? IF LESS THAN 1 DAY, RECORD '00'. IF 95 OR MORE DAYS, RECORD '95'.	DAYS . . . . . ☐☐ DON'T KNOW 98	
524A	During the (illness/events/circumstances) that led to death, did (NAME) have any skin rash?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 525
524B	For how many days did (NAME) have the skin rash? IF LESS THAN 1 DAY, RECORD '00'. IF 95 OR MORE DAYS, RECORD '95'.	DAYS . . . . . ☐☐ DON'T KNOW 98	
524C	Where was the rash?	FACE/HEAD . . . . . A TRUNK OR ABDOMEN . . . . . B EXTREMITIES . . . . . C EVERYWHERE . . . . . D DON'T KNOW . . . . . Y	
525	Did (NAME) ever have shingles or herpes zoster?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
526	During the (illness/events/circumstances) that led to death, did her skin flake off in patches?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
527A	During the (illness/events/circumstances) that led to death, did (NAME) bleed from anywhere?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 528
527B	Did (NAME) bleed from the mouth, nose, or anus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
528	Did (NAME) have noticeable weight loss?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
529	Was (NAME) severely thin or wasted?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
530	During the (illness/events/circumstances) that led to death, did (NAME) have a whitish rash inside the mouth or on the tongue?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
531	Did (NAME) have stiffness of the whole body or was unable to open the mouth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
532A	Did (NAME) have puffiness of the face?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 533A
532B	For how many days did (NAME) have puffiness of the face? IF LESS THAN 1 DAY, RECORD '00'. IF 95 OR MORE DAYS, RECORD '95'.	DAYS . . . . . ☐☐ DON'T KNOW 98	
533A	During the (illness/events/circumstances) that led to death, did (NAME) have swollen legs or feet?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 534
533B	How many days did the swelling last? IF LESS THAN 1 DAY, RECORD '00'. IF 95 OR MORE DAYS, RECORD '95'.	DAYS . . . . . ☐☐ DON'T KNOW 98	
533C	Did (NAME) have both feet swollen?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
534	Did (NAME) have general puffiness all over her body?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
535A	Did (NAME) have any lumps?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 536A
535B	Did (NAME) have any lumps or lesions in the mouth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
535C	Did (NAME) have any lumps on the neck?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
535D	Did (NAME) have any lumps on the armpit?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
535E	Did (NAME) have any lumps on the groin?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 5. GENERAL SIGNS AND SYMPTOMS ASSOCIATED WITH FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
536A	Was (NAME) in any way paralysed?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 537A
536B	Did (NAME) have paralysis of only one side of the body?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
536C	Which were the limbs or body parts paralysed?	RIGHT SIDE OF BODY . . . . . 01 LEFT SIDE OF BODY . . . . . 02 LOWER PART OF BODY . . . . . 03 UPPER PART OF BODY . . . . . 04 ONE LEG ONLY . . . . . 05 ONE ARM ONLY . . . . . 06 WHOLE BODY . . . . . 07 OTHER _____ 08 (SPECIFY) DON'T KNOW 98	
537A	Did (NAME) have difficulty swallowing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 538
537B	For how many days before death did (NAME) have difficulty swallowing? IF LESS THAN 1 DAY, RECORD '00'. IF 95 OR MORE DAYS, RECORD '95'.	DAYS . . . . . [ ][ ] DON'T KNOW 98	
537C	Was the difficulty with swallowing with solids, liquids, or both?	SOLIDS . . . . . 1 LIQUIDS . . . . . 2 BOTH . . . . . 3 DON'T KNOW 8	
538	Did (NAME) have pain upon swallowing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
539A	Did (NAME) have yellow discoloration of the eyes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 540
539B	For how many days did (NAME) have the yellow discoloration? IF LESS THAN 1 DAY, RECORD '00'. IF 95 OR MORE DAYS, RECORD '95'.	DAYS . . . . . [ ][ ] DON'T KNOW 98	
540	Did her hair change in colour to a reddish or yellowish colour?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
541	Did (NAME) look pale (thinning/lack of blood) or have pale palms, eyes, or nail beds?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
542	Did (NAME) drink a lot more water than usual?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 6. SIGNS AND SYMPTOMS ASSOCIATED WITH PREGNANCY AND WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Did (NAME) have any swelling or lump in the breast?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
602	Did (NAME) have any ulcers (pits) in the breast?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
603A	Did (NAME) ever have a period or menstruate?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 604
603B	Did (NAME) have vaginal bleeding in between menstrual periods?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 603D
603C	Was the bleeding excessive?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
603D	CHECK 104: AGE AT DEATH 41-49 ↓ AGE AT DEATH 12-40 →		603G
603E	Did her menstrual period stop naturally because of menopause?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 603G
603F	Did (NAME) have vaginal bleeding after cessation of menstruation?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 701
603G	Was there excessive vaginal bleeding in the week prior to death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
603I	At the time of death was her period overdue?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 604
603J	For how many weeks had her period been overdue? IF LESS THAN 1 WEEK, RECORD '00'. IF 95 WEEKS OR MORE, RECORD '95'.	WEEKS . . . . . ☐☐ DON'T KNOW 98	
604	Did (NAME) have a sharp pain in her abdomen shortly before death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
605	Was (NAME) pregnant at the time of death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 609
606	Did (NAME) die during or within 6 weeks of labour, delivery, abortion, or miscarriage?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 609
608	Did (NAME) die less than 1 year after being pregnant or delivering a baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 609

SECTION 6. SIGNS AND SYMPTOMS ASSOCIATED WITH PREGNANCY AND WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
608A	Please confirm: you said (NAME) was not pregnant and had not been pregnant or delivered in the 12 months before (NAME) died, is that right? NO OR DON'T KNOW → PROBE 605-606 AND CORRECT 605-609 AS NECESSARY. YES (RESPONDENT CONFIRMS NO PREGNANCY IN 12 MONTHS BEFORE DEATH) → 701		
609	For how many months was (NAME) pregnant? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS . . . . . ☐☐ DON'T KNOW 98	
611	Did she die during labour or delivery?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 614
612A	Did (NAME) die after delivering a baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 613
612B	Did (NAME) die within 24 hours after delivery?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 614
613	Did (NAME) die within 6 weeks of childbirth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
614	CHECK 611: NO OR DON'T KNOW → a) Did (NAME) give birth to a live baby within 6 weeks before death? YES → b) Did (NAME) give birth to a live baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
615	Did (NAME) die during or after a multiple pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
616A	CHECK IF MOTHER LIVED MORE THAN 24 HOURS AFTER BIRTH TO A LIVE BABY (ABLE TO BREASTFEED) IF 611 = NO AND 612B = NO AND 614 = YES, MOTHER SURVIVED MORE THAN 24 HOURS & BABY WAS BORN ALIVE IF MOTHER DIED DURING DELIVERY (611 = YES) OR WITHIN 24 HOURS OF DELIVERY (612B = YES) OR BABY WAS NOT BORN ALIVE (614 = NO OR DON'T KNOW) →		617A

SECTION 6. SIGNS AND SYMPTOMS ASSOCIATED WITH PREGNANCY AND WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
616B	Was (NAME) breastfeeding the child in the days before death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
617A	How many births, including stillbirths, did (NAME) have before this (baby/pregnancy)?	BIRTHS . . . . . ☐☐ DON'T KNOW 98	
617B	CHECK 617A: NO. OF BIRTHS GREATER THAN ZERO ☐ ↓ NO. OF BIRTHS EQUAL TO ZERO ☐ →		618
617C	Had (NAME) had any previous caesarean section?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
618	During this pregnancy, did (NAME) suffer from high blood pressure?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
619	Did (NAME) have foul smelling vaginal discharge during pregnancy or after delivery?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
620	Did bleeding occur while (NAME) was pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 622A
621	Was there vaginal bleeding during the first 6 months of pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
622A	CHECK 609: DON'T KNOW, OR >= 6 MONTHS ☐ ↓ 5 MONTHS OR LESS ☐ →		624
622B	During the last 3 months of pregnancy, did (NAME) suffer from convulsions?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
622C	During the last 3 months of pregnancy, did (NAME) suffer from blurred vision?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
622D	Was there vaginal bleeding during the last 3 months of pregnancy but before labour started?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
623A	Did (NAME) have excessive bleeding during labour or delivery?	YES . . . . . 1 NO . . . . . 2 NA - LABOUR NEVER STARTED . . . . . 3 DON'T KNOW 8	
623B	Did (NAME)'s water break before labour started or during labour?	BEFORE LABOUR STARTED . . . . . 1 DURING LABOUR . . . . . 2 NA - WATER NEVER BROKE . . . . . 3 DON'T KNOW 8	→ 624
623C	Was the baby delivered less than 24 hours after (NAME)'s water broke?	LESS THAN 24 HOURS . . . . . 1 MORE THAN 24 HOURS . . . . . 2 NA - BABY NEVER DELIVERED . . . . . 3 DON'T KNOW 8	

SECTION 6. SIGNS AND SYMPTOMS ASSOCIATED WITH PREGNANCY AND WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
623D	When (NAME)'s water broke, did the water smell foul?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
624	Did (NAME) have excessive bleeding after (delivery/miscarriage/abortion)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
625	Did (NAME) attempt to terminate the pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
626	Did (NAME) recently have a pregnancy that ended in a miscarriage or abortion?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 629A
627	Did (NAME) die during a miscarriage or abortion?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
628	Did (NAME) die within 6 weeks of having a miscarriage or abortion?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
629A	CHECK 611 NO OR DON'T KNOW ↓	YES →	630
629B	CHECK 612A YES ↓	NO OR DON'T KNOW →	701
630	Where did (NAME) give birth?	**PUBLIC SECTOR** GOVT HOSPITAL . . . . . 11 GOVT HEALTH CENTER/CLINIC . . . . . 12 GOVT HEALTH POST/CHPS . . . . . 13 MOBILE CLINIC/OUTREACH . . . . . 14 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . 21 FP/PPAG CLINIC . . . . . 22 MOBILE CLINIC/OUTREACH . . . . . 23 MATERNITY HOME . . . . . 24 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **HOME** DECEASED WOMAN'S HOME . . . . . 31 OTHER HOME . . . . . 32 TBA'S HOME . . . . . 33 OTHER _____ 96 (SPECIFY)	
631	Did (NAME) receive professional assistance during the delivery?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 6. SIGNS AND SYMPTOMS ASSOCIATED WITH PREGNANCY AND WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
632	Who delivered the baby? CIRCLE ALL MENTIONED.	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B COM. HEALTH OFFICER/NURSE . . . . . C **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . D VILLAGE HEALTH VOLUNTEER . . . . . E TRADITIONAL HEALTH PRACTITIONER . . . . . F RELATIVE/FRIEND . . . . . G OTHER _____ X (SPECIFY) NO ONE ASSISTED . . . . . Y	
633	Did (NAME) have an operation to remove her uterus shortly before death because of problems with labour/delivery?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
634	Was the delivery normal vaginal, without forceps or vacuum?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 637
635	Was it a vaginal delivery with forceps or vacuum?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 637
636	Was the delivery a caesarean section?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
637	Was the baby born more than one month early?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
638	Was the placenta completely delivered?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
639	Did (NAME) deliver or try to deliver an abnormally positioned baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
640	For how many hours was (NAME) in labour? IF LESS THAN 1 HOUR, RECORD '00'. IF 95 OR MORE HOURS, RECORD '95'.	HOURS . . . . . ☐☐ NEVER IN LABOUR . . . . . 96 DON'T KNOW 98	

SECTION 7. RISK FACTORS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Did (NAME) drink alcohol at least once a week?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
702A	Did (NAME) use tobacco? (Cigarette, cigar, pipe, etc.)	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 801
702B	What kind of tobacco did (NAME) use? FOLLOW SKIP FOR HIGHEST CODE CIRCLED.	CIGARETTES . . . . . A PIPE . . . . . B CHEWING TOBACCO . . . . . C SNUFF . . . . . D DON'T KNOW . . . . . Y	→ 801
702C	How many cigarettes did (NAME) smoke daily? IF LESS THAN ONCE PER DAY, RECORD '00'.	NUMBER . . . . . ☐☐ DON'T KNOW 98	

SECTION 8. TREATMENT RECEIVED AND HEALTH SERVICE UTILISATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Did (NAME) receive any treatment for the (illness/events/circumstances) that led to her death?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 810A
802	Did (NAME) receive oral rehydration salts?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
803	Did (NAME) receive (or need) intravenous fluids (drip) treatment?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
804	Did (NAME) receive (or need) a blood transfusion?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
805	Did (NAME) receive (or need) treatment/food through a tube passed through the nose?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
806	Did (NAME) receive (or need) injectable antibiotics?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
807	Did (NAME) receive (or need) antiretroviral therapy (ART)?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
808A	Did (NAME) have (or need) an operation for the (illness/events/circumstances)?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 809
808B	Did (NAME) have the operation within 1 month before death?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
809	Was (NAME) discharged from hospital very ill?	YES . . . 1 NO . . . 2 NEVER ADMITTED . . . 3 NEVER DISCHARGED . . . 4 DON'T KNOW . . . 8	
810A	Was care sought outside the home while (NAME) had this (illness/events/circumstances)?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 811A

SECTION 8. TREATMENT RECEIVED AND HEALTH SERVICE UTILISATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810B	Where was care sought? PROBE: Any others? CIRCLE ALL MENTIONED.	**PUBLIC SECTOR** GOVT HOSPITAL . . . . . A GOVT HEALTH CENTER/CLINIC . . . . . B GOVT HEALTH POST/CHPS . . . . . C MOBILE CLINIC . . . . . D OTHER PUBLIC SECTOR _____ E (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . F FP/PPAG CLINIC . . . . . G MOBILE CLINIC . . . . . H MATERNITY HOME . . . . . I PHARMACY/CHEMIST/DRUG STORE . . . . . J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) **HOME** DECEASED WOMAN'S HOME . . . . . L OTHER HOME . . . . . M TBA'S HOME . . . . . N **OTHER PLACE** PRAYER CAMP/SHRINE . . . . . O OTHER _____ X (SPECIFY)	
810C	IF NOT MENTIONED IN 810B, PROBE TO DETERMINE THE NAME OF THE MAIN SOURCE OF CARE. RECORD NAME OR ADDRESS OF THE MAIN SOURCE OF CARE.	_____ _____ _____ _____ _____	
811A	Did a health care worker tell you the cause of death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 812A
811B	What did the health care worker say? WRITE EXACTLY AS THE RESPONDENT TELLS YOU. IMPORTANT: READ YOUR NOTES BACK TO THE RESPONDENT SO HE OR SHE CAN CORRECT OR CLARIFY _____ _____ _____ _____ _____ _____		
812A	Do you have any health records that belonged to (NAME)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 901A
812B	Can I see the health records?	YES . . . . . 1 NO 2	→ 901A

SECTION 8. TREATMENT RECEIVED AND HEALTH SERVICE UTILISATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812C	RECORD THE KIND OF HEALTH RECORDS PROVIDED.	MATERNAL HEALTH BOOK . . . . . A PRESCRIPTION FORM . . . . . B TREATMENT CARDS . . . . . C DISCHARGE FORM . . . . . D LABORATORY RESULTS . . . . . E PATIENT FOLDER . . . . . F IMAGING/SCAN . . . . . G INSURANCE FORM . . . . . H OTHER _____ X (SPECIFY)	
813A	RECORD THE DATE OF THE MOST RECENT (LAST) VISIT.	DAY . . . . . [ ][ ] DAY NOT RECORDED . . . . . 98 MONTH . . . . . [ ][ ] MONTH NOT RECORDED . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] YEAR NOT RECORDED 9998	
813B	RECORD THE WEIGHT WRITTEN AT THE MOST RECENT (LAST) VISIT.	KILOS . . . . . [ ][ ][ ] . [ ][ ] WEIGHT NOT RECORDED 99998	
814A	RECORD THE DATE OF THE LAST BUT ONE (SECOND LAST) VISIT.	NO SECOND LAST VISIT . . . . . 96 DAY . . . . . [ ][ ] DAY NOT RECORDED . . . . . 98 MONTH . . . . . [ ][ ] MONTH NOT RECORDED . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] YEAR NOT RECORDED 9998	→ 815A
814B	RECORD THE WEIGHT WRITTEN AT THE LAST BUT ONE (SECOND LAST) VISIT.	KILOS . . . . . [ ][ ][ ] . [ ][ ] WEIGHT NOT RECORDED 99998	

SECTION 8. TREATMENT RECEIVED AND HEALTH SERVICE UTILISATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815A	RECORD THE DATE OF THE MOST RECENT (LAST) NOTE.	NO NOTE . . . . . 96 DAY . . . . . ☐☐ DAY NOT RECORDED . . . . . 98 MONTH . . . . . ☐☐ MONTH NOT RECORDED . . . . . 98 YEAR . . . . . ☐☐☐☐ YEAR NOT RECORDED 9998	→ 901A
815B	TRANSCRIBE THE LAST NOTE ON THE HEALTH RECORDS. WRITE EXACTLY WHAT IS WRITTEN ON THE HEALTH RECORD.		

SECTION 9. BACKGROUND AND CONTEXT, ACCESS AND QUALITY OF SERVICES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901A	In the final days before death, did (NAME) travel to a hospital or health facility?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 906
901B	What is the name of the health facility?	NAME _____ (SPECIFY) 1 DON'T KNOW . . . 8	
902A	Did (NAME) use motorised transport to get to the hospital or health facility?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 903
902B	What was the main means of transport (NAME) used to get to the health facility?	SHARED TAXI . . . 11 INDIVIDUAL TAXI . . . 12 TROTRO . . . 13 BUS (METRO MASS) . . . 14 PRIVATE CAR . . . 15 TRAIN . . . 16 MOTORCYCLE . . . 17 CANOE/BOAT/FERRY WITH MOTOR . . . 18 AMBULANCE . . . 19 CANOE/BOAT/FERRY, NO MOTOR . . . 20 BICYCLE . . . 21 ON FOOT . . . 22 OTHER _____ (SPECIFY) 96 DON'T KNOW . . . 98	→ 903
902C	How long did it take to get to the health facility? CONVERT TIME GIVEN INTO MINUTES IF 995 MINUTES OR MORE, RECORD '995'	MINUTES . . . ☐☐☐ DON'T KNOW . . . 998	
903	Were there any problems in being received at the hospital or health facility?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
904	Were there any problems with the way (NAME) was treated in the hospital or health facility? PROBE: Problems with the medical treatment, procedures, interpersonal attitudes, respect, dignity?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
905	Were there any problems getting medications or diagnostic tests in the hospital or health facility?	YES . . . 1 NO . . . 2 N/A - DEAD ON ARRIVAL . . . 3 DON'T KNOW . . . 8	
906	How long does it take to get to the nearest 24-hour health facililty from (NAME)'s household? CONVERT TIME GIVEN INTO MINUTES IF 995 MINUTES OR MORE, RECORD '995'	MINUTES . . . ☐☐☐ DON'T KNOW . . . 998	

SECTION 9. BACKGROUND AND CONTEXT, ACCESS AND QUALITY OF SERVICES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
907	In the final days before death, were there any doubts about whether medical care was needed? PROBE IF NO: Why not?	YES, THERE WERE DOUBTS . . . . . 1 NO DOUBTS - ILLNESS NOT SERIOUS . . . . . 2 NO DOUBTS - DEATH INEVITABLE . . . . . 3 NO DOUBTS - WENT TO FACILITY . . . . . 4 NO DOUBTS - NOT SICK BEFORE DEATH . . . . . 5 DON'T KNOW 8	
908	In the final days before death, was traditional/herbal or spiritual medicine used?	YES, TRADITIONAL/HERBAL ONLY . . . . . 1 YES, SPIRITUAL ONLY . . . . . 2 YES, BOTH . . . . . 3 NO . . . . . 4 DON'T KNOW 8	
909	In the final days before death, did anyone use a telephone or cell phone to call for help?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
910	Over the course of (illness/events/circumstances), did the total costs of care and treatment prohibit other household payments?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 10. DEATH CERTIFICATE AND BURIAL PERMIT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001A	Do you have a death certificate for (NAME)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 1004A
1001B	Can I see the death certificate?	YES . . . . . 1 NO 2	→ 1004A
1002A	COPY DAY, MONTH, AND YEAR OF DEATH FROM THE DEATH CERTIFICATE.	DAY . . . . . [ ][ ] DAY NOT RECORDED . . . . . 98 MONTH . . . . . [ ][ ] MONTH NOT RECORDED . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] YEAR NOT RECORDED 9998	
1002B	COPY DAY, MONTH, AND YEAR OF ISSUE OF DEATH CERTIFICATE.	DAY . . . . . [ ][ ] DAY NOT RECORDED . . . . . 98 MONTH . . . . . [ ][ ] MONTH NOT RECORDED . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] YEAR NOT RECORDED 9998	
1003A	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE: _____		
1003B	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1003C	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1003D	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY): _____		

SECTION 10. DEATH CERTIFICATE AND BURIAL PERMIT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1004A	Do you have a burial permit for (NAME)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 1007
1004B	Can I see the burial permit?	YES . . . . . 1 NO 2	→ 1007
1005	COPY DAY, MONTH, AND YEAR OF ISSUE OF BURIAL PERMIT.	DAY . . . . . [ ][ ] DAY NOT RECORDED . . . . . 98 MONTH . . . . . [ ][ ] MONTH NOT RECORDED . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] YEAR NOT RECORDED 9998	
1006	RECORD THE CAUSE OF DEATH FROM THE BURIAL PERMIT: _____		
1007	RECORD THE TIME.	HOURS . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS