

**PAKISTAN MATERNAL MORTALITY SURVEY 2019**  
**DECEASED WOMAN'S IDENTIFICATION**  
 PAKISTAN  
 NATIONAL INSTITUTE OF POPULATION STUDIES

IDENTIFICATION				
PROVINCE (PUNJAB=1; SINDH=2; KPK=3; BALOCHISTAN=4; GB=5; AJK=6)  DISTRICT _____  TEHSIL _____  CLUSTER NUMBER .....  HOUSEHOLD NUMBER .....  NAME OF HOUSEHOLD HEAD _____  NAME OF DECEASED WOMAN _____  NAME OF DECEASED WOMAN'S HUSBAND/FATHER (CIRCLE ONE) _____  DATE OF DECEASED WOMAN'S DEATH AFTER 1 JANUARY, 2016 _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <span style="margin-right: 10px;">.....</span> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <span style="margin-right: 10px;">.....</span> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <span style="margin-right: 10px;">.....</span> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <span style="margin-right: 10px;">.....</span> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> <div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">.....</span> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> </div>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY  MONTH  YEAR <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 5px;"></div> </div>
INTERVIEWER'S NAME				INT. NUMBER <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 5px;"></div> </div>
RESULT*				RESULT <div style="border: 1px solid black; width: 20px; height: 20px; margin-top: 5px;"></div>
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; margin-top: 5px;"></div>
*RESULT CODES: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">1 COMPLETED</div> <div style="width: 33%;">4 REFUSED</div> <div style="width: 33%;">7 OTHER _____</div> <div style="width: 33%;">2 NOT AT HOME</div> <div style="width: 33%;">5 PARTLY COMPLETED</div> <div style="width: 33%;"></div> <div style="width: 33%;">3 POSTPONED</div> <div style="width: 33%;">6 INCAPACITATED</div> <div style="width: 33%;"></div> </div> <div style="text-align: right; margin-top: 5px;">(SPECIFY)</div>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">                         LANGUAGE OF QUESTIONNAIRE**                         <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; font-size: 1.2em; margin-top: 5px;">01</div> </div> <div style="width: 20%;">                         LANGUAGE OF INTERVIEW**                         <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-top: 5px;"></div> </div> <div style="width: 20%;">                         NATIVE LANGUAGE OF RESPONDENT**                         <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-top: 5px;"></div> </div> <div style="width: 20%;">                         TRANSLATOR USED (YES = 1, NO = 2)                         <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-top: 5px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;">                         LANGUAGE OF QUESTIONNAIRE**  <div style="border-bottom: 1px solid black; font-size: 1.5em; font-weight: bold; margin-top: 5px;">ENGLISH</div> </div> <div style="width: 60%;">                         **LANGUAGE CODES:  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">01 ENGLISH</div> <div style="width: 33%;">03 SINDHI</div> <div style="width: 33%;">05 SARAIKI</div> <div style="width: 33%;">02 URDU</div> <div style="width: 33%;">04 PUNJABI</div> <div style="width: 33%;">06 BALUCHI</div> <div style="width: 33%;">07 PUSHTO</div> <div style="width: 33%;">08 OTHER</div> </div> </div> </div>				
SUPERVISOR NAME _____  DATE _____ <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-top: 5px;"></div>		FIELD EDITOR NAME _____  DATE _____ <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-top: 5px;"></div>		KEYED BY  <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin-top: 5px;"></div>

## INTRODUCTION AND CONSENT

AssalamoAlaikum. My name is \_\_\_\_\_ and I am working with (NIPS, Islamabad). Our institute works on population related issues. Nowadays our institute is conducting a national survey about maternal mortality issues. As you are aware that every year thousands of mothers die during pregnancy and child birth. Most of the time the real cause of death can not be known. By conducting this survey we would like to know the causes of deaths of such women. After the survey government would like to formulate plans and policies for safe motherhood and women lives can be protected. We would very much appreciate your participation in this survey. I will ask you about the death of \_\_\_\_\_ (NAME of deceased woman). The questionnaire is long and there is repetition in questions, It will usually take about one hour to complete All of the answers you give will be kept strictly confidential and will not be shown to any other person. If I ask any question you do not want to answer, tell me and I will go to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are very important, and your participation will help in saving women's lives in future.

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

## **SECTION 1. INFORMATION ABOUT RESPONDENTS**

INTERVIEWER: ASK TO TALK TO THOSE WHO KNOW THE MOST ABOUT THE WOMAN'S LAST ILLNESS AND HER DEATH. IF A NEIGHBOR, FRIEND, OR DAI WAS PRESENT DURING HER ILLNESS OR DEATH, ASK THEM TO COME AND JOIN IN FOR INTERVIEW GET ALL THE RESPONDENTS TOGETHER FOR THE INTERVIEW AND FILL THE TABLE BELOW.

First, I have a few questions about each of you. Please tell me:

101 NO.	102 What is your name	103 Sex of respondent	104 How old are you?  COMPLETED YEARS	105 What was your relationship to (NAME) i.e deceased woman?  RELATION	106 What is your education? SEE CODES BELOW (CLASSES PASSED)	107 Were you present when (NAME) first fell ill?	108 Were you present when (NAME) was taken to hospital?	109 Were you present when (NAME) died?	110 CIRCLE LINE NO. OF MAIN RESPONDENT
1		MALE. ... 1 FEMALE . 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	YES .... 1 NO ..... 2 NOT TAKEN 3	YES .. 1 NO ... 2	1
2		MALE ... 1 FEMALE . 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	YES .... 1 NO ..... 2 NOT TAKEN 3	YES .. 1 NO ... 2	2
3		MALE .. 1 FEMALE . 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	YES .... 1 NO ..... 2 NOT TAKEN 3	YES .. 1 NO ... 2	3
4		MALE .. 1 FEMALE . 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	YES .... 1 NO ..... 2 NOT TAKEN 3	YES .. 1 NO ... 2	4
5		MALE .. 1 FEMALE . 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	YES .... 1 NO ..... 2 NOT TAKEN 3	YES .. 1 NO ... 2	5
6		MALE .. 1 FEMALE . 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	YES .... 1 NO ..... 2 NOT TAKEN 3	YES .. 1 NO ... 2	6

### CODES FOR Q. 105: RELATIONSHIP TO DECEASED WOMAN

02 = HUSBAND	09 = BROTHER/SISTER IN-LAW
03 = SON OR DAUGHTER	10 = NIECE/NEPHEW
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = GRAND PARENT
05 = GRANDCHILD	12 = AUNTS/UNCLE
06 = PARENT	13 = OTHER RELATIVE
07 = PARENT-IN-LAW	14 = ADOPTED/FOSTER/STEPCHILD
08 = BROTHER OR SISTER	15 = NOT RELATED
	16 = DOMESTIC SERVANT

### CODES FOR Q. 106: EDUCATION CLASS

00 = LESS THAN CLASS 1 COMPLETED  
 01 - 10 = CLASS 1 - CLASS 10 (MATRIC)  
 11 - 12 = CLASS 11 - 12  
 13 -15 = BACHELORS DEGREE  
 16 = MASTER'S DEGREE OR MBBS, PhD, MPHIL, BSc (4 YEARS)  
 98 = DON'T KNOW

## SECTION 2. DECEASED WOMAN'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	RECORD THE TIME AT BEGINNING OF INTERVIEW	HOUR ..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> MINUTES ..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
202	I want to talk about the death of (NAME). <b>WRITE WOMAN'S NAME HERE AND ON COVER PAGE</b>	_____	
203	Can you tell me the name of (NAME)'s father?	_____	
204	In what day/month and year did (NAME) die?  <b>PROBE BY ASKING HOW MANY YEARS AGO, WHETHER IT WAS IN SUMMER OR WINTER, WHETHER IT WAS BEFORE OR AFTER EID, ETC.</b>	DAY ..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW ..... 98  MONTH ..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> YEAR ..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
204A	CHECK 204: DIED IN 2016, 2017, 2018, OR 2019 <input type="checkbox"/> DIED BEFORE 2016 <input type="checkbox"/> _____ →	END	
204B	In what day/month and year did (NAME) born?  <b>PROBE BY ASKING HOW MANY YEARS AGO, WHETHER IT WAS IN SUMMER OR WINTER, WHETHER IT WAS BEFORE OR AFTER EID, ETC.</b>	DAY ..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW ..... 98 MONTH ..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW ..... 98 YEAR ..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW ..... 9998	
205	How old was she (NAME) when she died?	AGE IN YEARS ..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
205A	CHECK 205: AGE AT DEATH BETWEEN 15 AND 49 YEARS <input type="checkbox"/> AGE AT DEATH 50 YEARS OR OLDER <input type="checkbox"/>	AGE AT DEATH 14 YEARS OR YOUNGER AGE AT DEATH 50 YEARS OR OLDER	END
206	At the time she died, was (NAME) a usual member of this household or was she here temporarily?	USUAL MEMBER ..... 1 HERE TEMPORARILY ..... 2	
207	Did she ever attend school?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 209
208	What is the highest class she completed?  <b>IF CLASS-1 NOT COMPLETED WRITE '00'</b> <b>IF MA, MPHIL, PHD, MBBS, BSC/4 YEARS WRITE '16'</b>	CLASS ..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	Was she working for wages or salary when she died?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div> <div></div> <div>211</div> </div>
210	What was her occupation? That is, what kind of work did she mainly do?	<div> <div></div> <div></div> </div>	
211	What was her mother tongue?	URDU ..... 01 PUNJABI ..... 02 SINDHI ..... 03 PUSHTO ..... 04 BALOCHI ..... 05 ENGLISH ..... 06 BARAUHI ..... 07 SIRAIKI ..... 08 HINDKO ..... 09 KASHMIRI ..... 10 SHINA ..... 11 BRUSHASKI ..... 12 WAKHI ..... 13 CHITRALI/ KHWAR ..... 14 BALTI ..... 15 PAHARI ..... 16 POTOWARI ..... 17 MARWARI ..... 18 FARSI ..... 19 OTHER ..... 96	
212	At the time she died, was she married, divorced, widowed, separated or never married?	MARRIED ..... 1 DIVORCED ..... 2 WIDOWED ..... 3 SEPARATED ..... 4 NEVER MARRIED* ..... 5	<div> <div></div> <div>215</div> </div> <div> <div></div> <div>217A</div> </div>
213	What was the name of her husband?		
214	How old was her husband at the time of her death?	AGE IN YEARS ..... <div><div></div><div></div></div> DON'T KNOW ..... 98	
215	Did her (last) husband ever attend school?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div> <div></div> <div>217</div> </div>
216	What was the highest class completed by her husband?  <b>IF CLASS-1 NOT COMPLETED WRITE '00'</b> <b>IF MA, MPHIL, PHD, MBBS, BSC/ 4YEARS WRITE '16'</b>	CLASS ..... <div><div></div><div></div></div> DON'T KNOW ..... 98	
217	What was her husband's occupation? That is, what kind of work does he mainly do?	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> DON'T KNOW ..... 98	<div> <div></div> <div>301</div> </div>
217A	CAUTIOUSLY AND CAREFULLY TRY TO ESTABLISH IF THE WOMAN'S DEATH WAS IN ANY WAY RELATED WITH COMPLICATIONS OF PREGNANCY OR CHILDBIRTH. IF SUCH A CASE IS FOUND, PLEASE FILL SECTION 3.  (1) YES DEATH RELATED TO COMPLICATIONS OF PREGNANCY OR CHILD BIRTH <div><div></div></div> <div> <div></div> </div> (2) NOT RELATED TO PREGNANCY COMPLICATIONS OR CHILDBIRTH <div><div></div></div> <div> <div></div> </div>		<div> <div></div> <div>401</div> </div>

### SECTION 3. BIRTH AND PREGNANCY INFORMATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to ask about all the births (NAME) had during her life. Did she ever have a live birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="border: 1px solid black; width: 10px; height: 10px; margin: 0 auto;"></div> → 304
302	How many total live births did she have? (Include children who later died)	LIVE BIRTHS ..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	
303	How many of her sons and daughters are still alive?	TOTAL LIVING CHILDREN .. <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> BOYS ..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> GIRLS ..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	
304	Women sometimes have pregnancies that do not end in a live birth. Did (NAME) ever have a pregnancy that ended in miscarriage, abortion or stillbirth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="border: 1px solid black; width: 10px; height: 10px; margin: 0 auto;"></div> → 306
305	How many TOTAL miscarriages, abortions and stillbirths did she have? a) Number of abortions?  b) Number of stillbirths?  c) Number of miscarriages?  d) Total Pregnancy Losses	a) Number of abortions? <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> b) Number of stillbirths? <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> c) Number of miscarriages? <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> d) Total Pregnancy Losses <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	
306	CHECK 301 AND 304: AT LEAST ONE LIVE BIRTH OR PREGNANCY LOSS (301 IS 'YES' OR 304 IS 'YES') <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle; margin-left: 10px;"></div>	NO LIVE BIRTHS OR PREGNANCY LOSSES BOTH 'NO' OR 'DK' <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle; margin-left: 10px;"></div>	<div style="border: 1px solid black; width: 10px; height: 10px; margin: 0 auto;"></div> → 315
307	Did she ever have a Caesarean section operation?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="border: 1px solid black; width: 10px; height: 10px; margin: 0 auto;"></div> → 308
307A	How many caesarean sections?	NUMBER OF C-SECTION <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	
308	Did she have a pregnancy during last 3 years of her life? (regardless of the result of the pregnancy)	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="border: 1px solid black; width: 10px; height: 10px; margin: 0 auto;"></div> → 315

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309	How long before her death did her last pregnancy end?  <b>IF &lt; 24 HOURS, WRITE '00' DAYS.</b> <b>IF &lt; 1 MONTH, WRITE DAYS.</b> <b>IF &lt; 1 YEARS, WRITE MONTHS.</b> <b>IF ONE OR MORE YEARS, WRITE YEARS.</b>	DAYS ..... 1  MONTHS ..... 2  YEARS ..... 3 DON'T KNOW ..... 998	
310	What was the outcome of her last pregnancy?	LIVE BIRTH ..... 1 STILLBIRTH ..... 2 MISCARRIAGE ..... 3 ABORTION ..... 4 DON'T KNOW ..... 8	→ 314 → 315
311	Is her last born child still alive?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 313
312	How old is that child now?	AGE IN YEARS .....	→ 314
313	How old was that child when died?  <b>IF &lt; 24 HOURS, WRITE '00' DAYS.</b> <b>IF &lt; 1 MONTH, WRITE DAYS.</b> <b>IF &lt; 2 YEARS, WRITE MONTHS.</b> <b>IF TWO OR MORE YEARS, WRITE YEARS.</b>	DAYS ..... 1  MONTHS ..... 2  YEARS ..... 3 DON'T KNOW ..... 998	
314	How long after her last birth / delivery / miscarriage / abortion did (NAME) die?  <b>IF &lt; 24 HOURS, WRITE '00' DAYS.</b> <b>IF &lt; 1 MONTH, WRITE DAYS.</b> <b>IF &lt; 2 YEARS, WRITE MONTHS.</b> <b>IF TWO OR MORE YEARS, WRITE YEARS.</b>	DAYS ..... 1  MONTHS ..... 2  YEARS ..... 3 DON'T KNOW ..... 998	
315	Was (NAME) pregnant at the time she died?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 321
316	How many months was she pregnant at the time she died?	MONTHS ..... DON'T KNOW ..... 98	
318	Did she die before labour pains began, before birth or during delivery/ abortion or miscarriage?	BEFORE LABOUR PAINS BEGAN ..... 1 AFTER LABOUR PAINS BEGAN BUT BEFORE BIRTH ..... 2 DURING DELIVERY/ABORTION/ MISCARRIAGE ..... 3 BEFORE DELIVERY OF PLACENTA ..... 4 DURING PREGNANCY ..... 5 DON'T KNOW ..... 8	→ 401
321	Did she die within 40 days of delivery, abortion or miscarriage?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

#### **SECTION 4. VERBATIM DESCRIPTION OF ILLNESS AND DEATH**

401 Please tell me everything that happened during the last illness before (NAME)'s death, starting from the beginning of the illness and also what happened during the final hours before she died.

a. Focus on the time before any symptoms of illness were identified:

i) How was the general health of the deceased woman; ii) Did she have any apparent physical or emotional distress; iii) Did she have past history of any serious illness

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**b. Focus on the time when the first symptoms of her last illness were identified:**

i) What were the symptoms? ii) Why does respondent think those were symptoms of her last illness? iii) What was done about those symptoms (treatment, rites)? iv) Was she seen by a healthcare provider (where and by whom)? v) What was the result of the management/treatment? vi) Was there a respite in the symptoms? vii) Was she taken to a hospital (where and seen by whom there)? viii) Was she hospitalized (for how long, with what results)? ix) What was the healthcare provider's opinion, remarks and advice?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**C.**

i) What were her last symptoms and signs? ii) Where did she die? iii) Who was her last healthcare provider (by profession or designation)? iv) What was the probable cause of death:

1. as perceived by respondent
2. as explained by healthcare provider

v. What other factors might have been responsible for her death (e.g., lack of proper and timely care; lack of resources; delay in making the decision to take the woman to hospital; lack of transport; delay in getting to a hospital; lack of facilities and/or healthcare provider at hospital; etc.)

[illegible]

**d. Relation of dead to pregnancy, childbirth or postpartum complications:**

i) Was she pregnant at the time of death, or had recently delivered or aborted? ii) Was the death related with pregnancy, childbirth or postpartum complications (in what way)? iii) Please provide information about the result and outcome of pregnancy (induced abortion, natural abortion, stillbirth, live birth, etc.)?

## SECTION 5. SYMPTOMS IDENTIFICATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																								
501	Where did (NAME) die?	HOSPITAL/CLINIC ..... 1 HUSBAND'S HOME ..... 2 HER PARENTS' HOME ..... 3 IN -TRANSIT ..... 4 OTHER ..... 5 <div style="text-align: center;">(SPECIFY)</div> DON'T KNOW ..... 8	<div style="border-left: 1px solid black; padding-left: 5px;">→ 505</div>																																																								
502	What was the name of the hospital / clinic where she died?	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">(NAME)</div>																																																									
503	Did anyone at the hospital / clinic tell you why she died?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="border-left: 1px solid black; padding-left: 5px;">→ 505</div>																																																								
504	What were the reasons given by the hospital / clinic as to why she died?  Any other reason?	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>																																																									
505	What do you think is the main cause of her death?	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>																																																									
506	Did (NAME) have any chronic disease? (Probe for each disease condition)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">Y</th><th style="text-align: center;">N</th><th style="text-align: center;">DK</th></tr> </thead> <tbody> <tr><td>a) High blood pressure or hypertension?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>b) Diabetes or high blood sugar?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>c) Epilepsy?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>d) Tuberculosis or TB?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>e) Heart disease?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>f) Blood disease?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>g) Asthma?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>h) Severe anaemia?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>i) Jaundice?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>j) Hepatitis?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>k) HIV/AIDS?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>l) Cancer? SPECIFY TYPE: _____</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>x) Any other chronic disease? SPECIFY: _____</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		Y	N	DK	a) High blood pressure or hypertension?	1	2	8	b) Diabetes or high blood sugar?	1	2	8	c) Epilepsy?	1	2	8	d) Tuberculosis or TB?	1	2	8	e) Heart disease?	1	2	8	f) Blood disease?	1	2	8	g) Asthma?	1	2	8	h) Severe anaemia?	1	2	8	i) Jaundice?	1	2	8	j) Hepatitis?	1	2	8	k) HIV/AIDS?	1	2	8	l) Cancer? SPECIFY TYPE: _____	1	2	8	x) Any other chronic disease? SPECIFY: _____	1	2	8	
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507	Was she ever hospitalized? I mean did she ever stay in the hospital overnight?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="border-left: 1px solid black; padding-left: 5px;">→ 511</div>																																																								
508	How long before she died was she last hospitalized?  <b>IF &lt; 24 HOURS, WRITE '00' DAYS.</b> <b>IF &lt; 1 MONTH, WRITE DAYS.</b> <b>IF &lt; 2 YEARS, WRITE MONTHS.</b> <b>IF TWO OR MORE YEARS, WRITE YEARS.</b>	DAYS ..... 1  MONTHS ..... 2  YEARS ..... 3 DON'T KNOW ..... 998	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	Why was she last hospitalized?  Any other reason?	  	
510	Did she have any operation before she died?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 510B
510A	What type of operation?	  	
510B	Now I would like to ask about the major symptoms that she might have had during her last illness. <b>INTERVIEWER: PROBE TO GET AN ESTIMATE OF HOW LONG EACH SYMPTOM LASTED FROM WHEN IT FIRST APPEARED UNTIL IT STOPPED, EVEN IF IT STOPPED BEFORE SHE DIED.</b>		
511	Did she have <b>fever</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 512
511A	How many days or months did the fever last?  <b>IF &lt; 24 HRS WRITE '00' DAYS</b> <b>IF &lt; 1 MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW ..... 998	
511B	Was the fever continuous or on and off?	CONTINUOUS ..... 1 ON AND OFF ..... 2 DON'T KNOW ..... 8	
512	Was she <b>breathless doing light work</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
512A	Was she <b>breathless when she was lying down</b> or when she was asleep?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
513	Did she have rapid heart beat ( <b>palpitations</b> )?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
514	Did she have <b>wheezing</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
515	Did she have a <b>cough</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 516

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
515A	For how long did she have a cough?  <b>IF &lt; 24 HRS WRITE '00' DAYS</b> <b>IF &lt; 1 MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998									
515B	Did the cough produce sputum?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
515C	Did she cough blood?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
516	Did she have <b>chest pain</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 517								
516A	How many days or months did she have chest pain?  <b>IF &lt; 24 HRS WRITE '00' DAYS</b> <b>IF &lt; 1 MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998									
516B	Was the chest pain mild, moderate or severe?	MILD ..... 1 MODERATE ..... 2 SEVERE ..... 3 DON'T KNOW ..... 8									
516C	Did the chest pain start suddenly or gradually?	SUDDENLY ..... 1 GRADUALLY ..... 2 DON'T KNOW ..... 8									
516D	Was the pain at or near the centre of the chest?	NEAR STERNUM ..... 1 SOMEWHERE ELSE/ALL OVER ... 2 DON'T KNOW ..... 8									
517	Did she have <b>diarrhoea</b> (loose motions)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 517B								
517A	How many times a day did she have loose motions?	TIMES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 98									
517B	Was there blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
518	Did she have <b>poor appetite or loss of appetite</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 520								
518A	For how long did she have poor appetite?  <b>IF &lt; 24 HRS WRITE '00' DAYS</b> <b>IF &lt; 1 MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998									
520	Did she have <b>difficulty in swallowing</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
520A	Did she have <b>pain in swallowing</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
521	Did she have <b>headache</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 522								
521A	How many days or months did she have headache?  <b>IF &lt; 24 HRS WRITE '00' DAYS</b> <b>IF &lt; 1 MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998									
522	Did she pass <b>blood in her urine</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 523								
522A	For how many days or months did she pass blood in her urine?  <b>IF &lt; 24 HRS WRITE '00' DAYS</b> <b>IF &lt; 1 MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998									
523	Did she have <b>pain while urinating</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 524								
523A	For how many days or months did she have pain when urinating?  <b>IF &lt; 24 HRS WRITE '00' DAYS</b> <b>IF &lt; 1 MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ..... 8									
524	Was she <b>unable to pass urine</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
525	Did she <b>urinate many times</b> in a day?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
526	Did she have any type of pain anywhere in the body ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
527	Did she have <b>abdominal pain</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 528								
527A	How long did the abdominal pain last?  <b>IF &lt; 24 HRS WRITE '00' DAYS</b> <b>IF &lt; 1 MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
527B	Was the abdominal pain mild, moderate or severe?	MILD ... 1 MODERATE ... 2 SEVERE ... 3 DON'T KNOW ... 8	
527C	Was the abdominal pain in her upper belly, lower belly, or all over her belly?	UPPER ABDOMEN ... 1 LOWER ABDOMEN ... 2 ALL OVER THE ABDOMEN ... 3 DON'T KNOW ... 8	
528	Did she have <b>abdominal distension</b> ?	YES ... 1 NO ... 2 DON'T KNOW ... 8	→ 529
528A	How many days or months was her abdomen distended?  <b>IF &lt; 24 HRS WRITE '00' DAYS</b> <b>IF &lt; 1 MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	DAYS ... 1 MONTHS ... 2 DON'T KNOW ... 998	
528B	Did the distension come rapidly within days or slowly over several weeks?	RAPIDLY, WITHIN FEW DAYS ... 1 SLOWLY, OVER WEEKS ... 2 DON'T KNOW ... 8	
529	Did she have a <b>mass in her abdomen</b> ?	YES ... 1 NO ... 2 DON'T KNOW ... 8	
530	Did she have <b>vomiting</b> ?	YES ... 1 NO ... 2 DON'T KNOW ... 8	→ 531
530A	For how many days or months did she have vomiting?  <b>IF &lt; 24 HRS WRITE '00' DAYS</b> <b>IF &lt; 1 MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	DAYS ... 1 MONTHS ... 2 DON'T KNOW ... 998	
530B	Did she vomit blood?	YES ... 1 NO ... 2 DON'T KNOW ... 8	
531	Did she become <b>mentally confuse</b> ?	YES ... 1 NO ... 2 DON'T KNOW ... 8	
532	Did she <b>lose consciousness</b> ?	YES ... 1 NO ... 2 DON'T KNOW ... 8	→ 533
532A	For how long she remained unconscious?  <b>IF &lt; 24 HRS WRITE '00' DAYS</b> <b>IF &lt; 1 MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	DAYS ... 1 MONTHS ... 2 DON'T KNOW ... 998	
532B	Did she become unconscious suddenly or gradually?	SUDDENLY ... 1 GRADUALLY ... 2 DON'T KNOW ... 8	
533	Did she become <b>paralyze</b> before her death?	YES ... 1 NO ... 2 DON'T KNOW ... 8	→ 534

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
533A	How long did the paralysis last?  <b>IF &lt; 24 HRS WRITE '00' DAYS</b> <b>IF &lt; 1 MONTH WRITE DAYS</b> <b>IF &gt; 1 MONTH WRITE MONTHS</b> <b>IF ONE OR MORE YEAR WRITE YEARS</b>	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> LASTED TILL DEATH ..... 997 DON'T KNOW ..... 998									
533B	Was the paralysis on only one side of her body or both sides?	ONE SIDE ONLY ..... 1 BOTH SIDES ..... 2 DON'T KNOW ..... 8									
534	Did she have <b>stiffness in her whole body</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
535	Did she have <b>neck pain</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
536	Did she had <b>convulsion</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; vertical-align: middle;"></div> → 537								
536A	How long did the convulsion last?  <b>IF &lt; 24 HRS WRITE '00' DAYS</b> <b>IF &lt; 1 MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998									
536B	When the fits were most frequent, how many times a day did she have fits?	TIMES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 98									
537	Did she have an <b>ulcer or swelling/ lump in the breast</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
538	Did she have <b>vaginal bleeding</b> when she was not having her menstrual period?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; vertical-align: middle;"></div> → 539								
538A	For how many days or months did she have bleeding?  <b>IF &lt; 24 HRS WRITE '00' DAYS</b> <b>IF &lt; 1- MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998									
538B	Did the bleeding persist until she died?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
539	Did she have <b>abnormal vaginal discharge</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
540	Did she have <b>swelling on her ankles</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
541	Did she have <b>swelling or puffiness on her hands and/or face</b> ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; vertical-align: middle;"></div> → 542								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
541A	For how many days or months did she have swelling on her hands and/or face ?  IF < 24 HRS WRITE '00' DAYS IF < 1- MONTH WRITE DAYS IF ONE OR MORE MONTH WRITE MONTHS	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW ..... 998	
542	Did she lose weight?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
543	Did she have sores in her mouth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
544	Did she have any skin disease?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
545	Did she look pale?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
545A	Did she have jaundice?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 547
546	Were her eyes yellowish in colour?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	└→ 547
546A	For how many days or months did she have yellow eyes?  IF < 24 HRS WRITE '00' DAYS IF < 1- MONTH WRITE DAYS IF ONE OR MORE MONTH WRITE MONTHS	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW ..... 998	
547	Did she ever complain of having blurred vision?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
548	Did she have difficulty in opening her mouth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
549	Did she have difficulty in passing stools or constipation?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
550	Did she feel dizzy?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
551	Did she have general weakness or fatigue?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	└→ 552

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
551A	For how many days or months did she have Weakness?  <b>IF &lt; 24 HRS WRITE '00' DAYS</b> <b>IF &lt; 1- MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS ..... 2 DON'T KNOW ..... 998					
551B	Did she have light flashes before her eyes close at night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8					
551C	Did she complain of double vision?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8					
552	Did she have any <b>ulcers</b> on her body?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8					
553	Were there any other symptom that we did not mention?	<b>PLEASE WRITE IN URDU OR ENGLISH</b>  A _____ B _____ C _____ D _____ E _____ F _____ NO ONE ..... Y					
554	Did people think she had an evil eye or shadow?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8					
555	Was a Faith Healer called to or she was taken give amulets or spiritual healing?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 601				
556	Give details of spiritual healing:	_____ _____ _____					

## SECTION 6. DECEASED ILLNESS HISTORY

601	<b>CHECK 511:</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <b>YES</b> HAD FEVER <input style="width: 20px; height: 15px;" type="checkbox"/> </div> <div style="text-align: center;"> <b>NO /</b> DON'T KNOW <input style="width: 20px; height: 15px;" type="checkbox"/> </div> </div>	614
<b>FEVER SECTION</b>		
602	How long before she died did the fever start?  <b>IF &lt; 1 DAY WRITE HOURS</b> <b>IF &lt; 1 WEEK WRITE DAYS</b> <b>IF &lt; 1 MONTH WRITE WEEKS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	HOURS ..... 1 <input style="width: 30px; height: 20px;" type="text"/> DAYS ..... 2 <input style="width: 30px; height: 20px;" type="text"/> WEEKS ..... 3 <input style="width: 30px; height: 20px;" type="text"/> MONTHS ..... 4 <input style="width: 30px; height: 20px;" type="text"/> DON'T KNOW ..... 998
602A	When did the fever start?	BEFORE CHILD BIRTH / ABORTION / MISCARRIAGE ..... 1 AFTER CHILD BIRTH / ABORTION / MISCARRIAGE ..... 2 NOT APPLICABLE ..... 7 DON'T KNOW / REMEMBER ..... 8
602B	How long before/after childbirth, miscarriage or abortion did the fever start?  <b>IF &lt; 1 DAY WRITE HOURS</b> <b>IF &lt; 1 WEEK WRITE DAYS</b> <b>IF &lt; 1 MONTH WRITE WEEKS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	HOURS ..... 1 <input style="width: 30px; height: 20px;" type="text"/> DAYS ..... 2 <input style="width: 30px; height: 20px;" type="text"/> WEEKS ..... 3 <input style="width: 30px; height: 20px;" type="text"/> MONTHS ..... 4 <input style="width: 30px; height: 20px;" type="text"/> DON'T KNOW ..... 998
603	How long did it last?  <b>IF &lt; 1 DAY WRITE HOURS</b> <b>IF &lt; 1 WEEK WRITE DAYS</b> <b>IF &lt; 1 MONTH WRITE WEEKS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	HOURS ..... 1 <input style="width: 30px; height: 20px;" type="text"/> DAYS ..... 2 <input style="width: 30px; height: 20px;" type="text"/> WEEKS ..... 3 <input style="width: 30px; height: 20px;" type="text"/> MONTHS ..... 4 <input style="width: 30px; height: 20px;" type="text"/> DON'T KNOW ..... 998
604	Was the fever very high?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
605	Did she have fever with chills?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
606	Was she prescribed anti-malarial tablets for the episodes of fever and chills?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
607	Did her colour change during her last illness?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
607A	What was the colour?	PALLOR ..... 1 JAUNDICED ..... 2 BLUE ..... 3
608	Had she been vomiting during her last illness?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

608A	How long before she died did the vomiting start?  <b>IF &lt; 1 DAY WRITE HOURS</b> <b>IF &lt; 1 WEEK WRITE DAYS</b> <b>IF &lt; 1 MONTH WRITE WEEKS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	HOURS ..... 1 DAYS ..... 2 WEEKS ..... 3 MONTHS ..... 4 DON'T KNOW ..... 998	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																	
608B	Did she have severe body aches during fever?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																		
609	Did she ever vomit pure blood?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																		
610	Did she have any difficulty with urination?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		613																																
610A	Record all that apply.  <b>ASK EACH CONDITION (ONE BY ONE):</b>	<table border="0"> <tr> <td></td> <td>Y</td> <td>N</td> <td>DK</td> </tr> <tr> <td>a) UNABLE TO PASS URINE ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) TOO FREQUENT URINATION ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) PAINFUL URINATION ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) BACK PAIN WITH FEVER ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) BLOOD IN URINE ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>x) OTHER _____</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> <td></td> </tr> </table>		Y	N	DK	a) UNABLE TO PASS URINE ..	1	2	8	b) TOO FREQUENT URINATION ..	1	2	8	c) PAINFUL URINATION ..	1	2	8	d) BACK PAIN WITH FEVER ..	1	2	8	e) BLOOD IN URINE ..	1	2	8	x) OTHER _____	1	2	8	(SPECIFY)					
	Y	N	DK																																	
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d) BACK PAIN WITH FEVER ..	1	2	8																																	
e) BLOOD IN URINE ..	1	2	8																																	
x) OTHER _____	1	2	8																																	
(SPECIFY)																																				
613	Did she have convulsions with fever?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																		
614	<b>CHECK 515:</b>  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <b>YES</b> HAD COUGH <input type="checkbox"/> </div> <div style="text-align: center;"> <b>NO/ DON'T KNOW</b> <input type="checkbox"/> </div> </div>			621																																

**COUGH SECTION**

615	How long before she died did the cough start?  <b>IF &lt; 1 DAY WRITE HOURS</b> <b>IF &lt; 1 WEEK WRITE DAYS</b> <b>IF &lt; 1 MONTH WRITE WEEKS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	HOURS ..... 1 DAYS ..... 2 WEEKS ..... 3 MONTHS ..... 4 DON'T KNOW ..... 998	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
616	Was there any sputum when she coughed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		618								
617	Was there blood in it?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		618								
617A	How much blood did the sputum contain?	FEW DARK SPECKS .. . . . 1 STREAKS OF BLOOD .. . . . 2 FRANK BLOOD . . . . . 3										
618	Did she lose weight during this illness?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8										

620	Was she short of breath?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 621								
620A	For how long?  <b>IF &lt; 1 DAY WRITE HOURS</b> <b>IF &lt; 1 WEEK WRITE DAYS</b> <b>IF ONE OR MORE WEEK WRITE WEEKS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	HOURS ..... 1 DAYS ..... 2 WEEKS ..... 3 MONTHS ..... 4 DON'T KNOW ..... 998	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
621	<b>CHECK 526:</b>  <div style="display: flex; justify-content: space-around;"> <div>           YES <input type="checkbox"/>            HAD PAIN IN THE BODY         </div> <div>           NO /            DON'T KNOW <input type="checkbox"/> </div> </div>		→ 632								
<b>PAIN SECTION</b>											
622	What kind of pain?	CONTINUOUS ..... 1 INTERMITTENT ..... 2 VERY INTENSE ..... 3 INCREASING IN SEVERITY ..... 4 OTHER ..... 6 (SPECIFY) _____									
623	What was / were the site (s) of the pain?	HEAD ..... A ABDOMEN ..... B CHEST ..... C BREAST ..... D LEGS ..... E ALL OVER ..... F OTHERS ..... X (SPECIFY) _____									
624	How long before she died did the pain start?  <b>IF &lt; 1 DAY WRITE HOURS</b> <b>IF &lt; 1 WEEK WRITE DAYS</b> <b>IF &lt; 1 MONTH WRITE WEEKS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	HOURS ..... 1 DAYS ..... 2 WEEKS ..... 3 MONTHS ..... 4 DON'T KNOW ..... 998	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
625	How long did it last?  <b>IF &lt; 1 DAY WRITE HOURS</b> <b>IF &lt; 1 WEEK WRITE DAYS</b> <b>IF &lt; 1 MONTH WRITE WEEKS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	HOURS ..... 1 DAYS ..... 2 WEEKS ..... 3 MONTHS ..... 4 DON'T KNOW ..... 998	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
625A	Did she have pain in upper abdomen?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 627								

625B	When did the pain start?	BEFORE LABOUR ..... 1 AT TIME OF LABOUR ..... 2 AT THE DAY OF DELIVERY ..... 3 1 DAY AFTER DELIVERY ..... 4 2 DAYS AFTER DELIVERY ..... 5 3 DAYS OR MORE THAN 3 DAYS AFTER DELIVERY ..... 6 NOT APPLICABLE ..... 7 DON'T KNOW / DON'T REMEMBER ..... 8	
626	If it was in abdomen, which specific side?	_____ _____ _____	
627	Was there any pain in the lower abdomen?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
628	Was the pain accompanied by fever?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 630
629	Was the fever mild, moderate or high?	MILD ..... 1 MODERATE ..... 2 HIGH ..... 3 DON'T KNOW ..... 8	
630	Was the pain accompanied by vomiting?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
632	<b>CHECK 536:</b>  YES <input type="checkbox"/> HAD CONVULSIONS ↓  NO/ <input type="checkbox"/> DON'T KNOW → 639		

**CONVULSION SECTION**

633	Did she have a history of convulsions?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
634	Did she have convulsions in her last illness?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 635								
634A	For how long before death?  <b>IF &lt; 1 DAY WRITE HOURS</b> <b>IF &lt; 1 WEEK WRITE DAYS</b> <b>IF &lt; 1 MONTH WRITE WEEKS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	HOURS ..... 1 DAYS ..... 2 WEEKS ..... 3 MONTHS ..... 4 DON'T KNOW ..... 998	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
635	Did she have high blood pressure before she died?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
636	Did she have severe headache before she died?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
637	Did she have change in her vision before she died?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									

638	What was her state of consciousness before she died? I mean, was she conscious, semi-conscious or unconscious? (Explain)											
638A	Did she have history of convulsions or epilepsy?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 639									
638B	How frequently did she have convulsions?	TIMES ..... <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 98										
638C	CHECK 315: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">PREGNANT (CODE 1 CIRCLED) <table border="1"><tr><td></td></tr></table></div> <div style="text-align: center;">NOT PREGNANT (CODE 2 OR 8 CIRCLED) <table border="1"><tr><td></td></tr></table></div> </div>			→ 638E								
638D	When did convulsions start?	1ST TRIMESTER . . . . . 1 2ND TRIMESTER . . . . . 2 3RD TRIMESTER . . . . . 3 DON'T KNOW ..... 8										
638E	How long did convulsions last?	ABOUT 1 MINUTE . . . . . 1 LESS THAN 5 MINUTES . . . . . 2 5 MINUTES OR MORE . . . . . 3 DON'T KNOW ..... 8										
638F	Where the convulsions restricted to one part of the body or did they involve the whole body?	FOCAL . . . . . 1 GENERALISED . . . . . 2 DON'T KNOW ..... 8										
639	CHECK 540 & 541: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">YES HAD SWELLING <table border="1"><tr><td></td></tr></table></div> <div style="text-align: center;">NO / DON'T KNOW <table border="1"><tr><td></td></tr></table></div> </div>			→ 701								
<b>SWELLING SECTION</b>												
640	Where was the site of swelling? (Ask for each)	YES NO DK a) ABDOMEN ..... 1 2 8 b) FACE ..... 1 2 8 c) LEGS AND FEET .... 1 2 8 d) WHOLE BODY ..... 1 2 8										
641	How long before she died did she have this swelling?  IF < 1 DAY WRITE HOURS IF < 1 WEEK WRITE DAYS IF < 1 MONTH WRITE WEEKS IF ONE OR MORE MONTH WRITE MONTHS	HOURS ..... 1 DAYS ..... 2 WEEKS ..... 3 MONTHS ..... 4 DON'T KNOW ..... 998	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

642	When did the swelling start in relation to delivery of the baby or abortion or miscarriage?  <b>IF &lt; 1 DAY WRITE HOURS</b> <b>IF &lt; 1 WEEK WRITE DAYS</b> <b>IF &lt; 1 MONTH WRITE WEEKS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	HOURS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS ..... 2 WEEKS ..... 3 MONTHS ..... 4  NOT APPLICABLE ..... 997 DON'T KNOW ..... 998									
643	At the time of death was she short of breath?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
644	Did her colour change during her last illness?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 645								
644A	Did she have yellowness of skin or face?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
645	Did she also have any urinary problems?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 701								
645A	What were those problems?  <b>RECORD ALL THAT APPLY</b>	<div style="text-align: right; margin-bottom: 5px;">Y   N   DK</div> a) UNABLE TO PASS URINE .. 1 2 8 b) TOO FREQUENT URINATION 1 2 8 c) PAINFUL URINATION . .. 1 2 8 d) BLOOD IN URINE . . . . 1 2 8 x) OTHER _____ . .. 1 2 8 (SPECIFY)									

## SECTION 7. ANTENATAL CARE AND CHARACTERISTICS OF LAST PREGNANCY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<b>CHECK 308 OR 315 FOR LAST PREGNANCY:</b> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <b>YES</b>  <input type="checkbox"/>  <b>HAD A PREGNANCY</b> </div> <div style="text-align: center;"> <b>NO/</b>  <b>DON'T KNOW</b>  <input type="checkbox"/> </div> </div>	<b>NOT ASKED</b> <input type="checkbox"/>	<div style="text-align: right;">→ 901</div> <div style="text-align: right;">→ 801</div>
702	During her last pregnancy, did (NAME) see anyone for antenatal care?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 709
703	Who did she see for antenatal care?   <b>CIRCLE ALL THAT MENTIONED</b>	<b>HEALTH PERSONNEL</b> OBSTETRICIAN/SPECIALIS ..... A DOCTOR ..... B NURSE/MIDWIFE/LHV ..... C  <b>OTHER PERSON</b> DAI-TBA ..... D LADY H. WORKER ..... E HOMEOPATH ..... F HAKIM ..... G DISPENSER / COMPOUNDER ..... H  OTHER ..... X (SPECIFY)	
704	The first time she went for antenatal care, did she go because she had a problem or did she go for a check-up?	FOR PROBLEM ..... 1 FOR CHECK-UP ONLY ..... 2 DON'T KNOW ..... 8	→ 706
705	What was the problem she went for?		
706	How many months pregnant was she when she first saw a health provider during the last pregnancy?	MONTHS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
707	How many times did she see a health provider during her last pregnancy?	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
708	Was she referred by a health care provider to go to a specialist ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 710
709	Why didn't she see anyone for antenatal care during her last pregnancy?   <b>CIRCLE ALL THAT MENTIONED</b>	NOT NECESSARY ..... A COSTS TOO MUCH ..... B TOO FAR ..... C NO TRANSPORT ..... D NO ONE TO GO WITH ..... E SERVICE NOT GOOD ..... F NO TIME TO GO ..... G DID NOT KNOW WHERE TO GO ..... H DID NOT WANT TO SEE A MALE DOCTOR ..... I LONG WAITING TIME ..... J NOT ALLOWED TO GO ..... K OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
710	During her last pregnancy, did (NAME) have an injection in her arm/buttocks to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	Did she have her blood pressure measured during this pregnancy?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 714
712	Do you know whether her blood pressure was normal or high or low?	NORMAL ..... 1 HIGH ..... 2 LOW ..... 3 DON'T KNOW ..... 8	→ 714
713	Was she prescribed medicines for blood pressure ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
714	Was (NAME) using any family planning method before she became pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
715	Did she want this pregnancy?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
716	Did she do anything to try to end this pregnancy?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 719
717	What did she do to end the pregnancy?	WENT FOR ABORTION ..... 1 TOOK DRUGS ..... 2 INSERTED OBJECT INTO VAGINA ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
718	Who did she go to for help to end this pregnancy?	<b>HEALTH PERSONNEL</b> OBSTETRICIAN/SPECIALIS ..... 01 DOCTOR ..... 02 NURSE/MIDWIFE/LHV ..... 03  <b>OTHER PERSON</b> DAI-TBA ..... 04 LADY H. WORKER ..... 05 HOMEOPATH ..... 06 HAKIM ..... 07 DISPENSER / COMPOUNDER ..... 08  OTHER ..... 96 (SPECIFY)	
719	<b>CHECK 310:</b> MISCARRIAGE OR ABORTION <input type="checkbox"/> ↓ (CODES 3 OR 4 CIRCLED)	OTHER RESPONSES (CODES 1,2 OR 8 CIRCLED) <input type="checkbox"/>	→ 726
719A	<b>CHECK 315:</b> CODE 2 OR 8 CIRCLED <input type="checkbox"/> ↓	CODE 1 CIRCLED <input type="checkbox"/>	→ 726
720	Did she have a foul-smelling discharge from her vagina after the miscarriage/abortion?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
721	Did she have fever after the miscarriage/abortion?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
722	Did she have abdominal distension after the miscarriage / abortion?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
726	During the last illness, did she have bleeding from vagina?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	┐ → 732
727	Did the bleeding wet her clothes?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
728	Did the bleeding wet the bed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
729	Was there so much blood as to wet the floor?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
730	Was she in pain while bleeding?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
731	Did the bleeding contain clots?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
732	Did someone examine her internally during last pregnancy?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	┐ → 734
733	Did the vaginal examination cause any bleeding or make the bleeding worse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
734	Did the bleeding persist until she died?	YES ..... 1 NO ..... 2 NOT APPLICABLE ..... 7 DON'T KNOW ..... 8	

**SECTION 8. FOR DEATHS DURING LABOUR, DELIVERY, OR WITHIN 40 DAYS AFTER DELIVERY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<b>CHECK 321: Death within 40 days of delivery, abortion or miscarriage?</b>  NO / DON'T KNOW/ NOT ASKED <input type="checkbox"/>	<b>"YES" (CODE 1 CIRCLED)</b> <input type="checkbox"/>	802
801A	<b>CHECK 318:</b>  CODE 1,2,3 OR 4 CIRCLED <input type="checkbox"/>	<b>CODE 5 OR 8 CIRCLED/ NOT ASKED</b> <input type="checkbox"/>	901
802	Did (NAME) have bleeding from her vagina ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	805
803	Did the bleeding start before or after the birth / delivery ?	BEFORE ..... 1 AFTER ..... 2 DON'T KNOW ..... 8	
804	Was she in pain while bleeding?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
805	Did the pain start before the labor pains started?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
806	Where did she deliver?	<b>HOME</b> HER HOME ..... 11 OTHER HOME ..... 12 <b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... 21 RHC/MCH ..... 22 OTHER PUBLIC ..... 26 _____ (SPECIFY) <b>PRIVATE MED. SECTOR</b> PVT. HOSPITAL/CLINIC ..... 31 OTHER PRIVATE MED. .... 36 _____ (SPECIFY) OTHER ..... 96 _____ (SPECIFY) DID NOT DELIVER ..... 97	814
807	Who assisted with the delivery?	<b>HEALTH PERSONNEL</b> OBSTETRICIAN/SPECIALIST . 01 DOCTOR ..... 02 NURSE/MIDWIFE/LHV ..... 03  <b>OTHER PERSON</b> DAI-TBA ..... 04 LADY H. WORKER ..... 05 HOMEOPATH ..... 06 HAKIM ..... 07 DISPENSER / COMPOUNDER 08  OTHER ..... 96 _____ (SPECIFY)	
808	Were any instruments used to assist in her last delivery?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
808A	You said that (NAME) died during (Check 318 and 321) is that correct.	DURING LABOUR ..... 1 AFTER CHILD BIRTH ..... 2			
808B	Was the delivery normal vaginal delivery or assisted vaginal delivery (use of forceps vacuum extraction) or a caesarean section?	NORMAL ..... 1 ASSISTED VAGINAL ..... 2 CAESAREAN SECTION ..... 3	→ 811		
809	During her last delivery, did someone cut her vagina to make room for the baby to come [episiotomy]?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
810	Was there a tear in her vagina after her last delivery?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
811	During the delivery, did her birth attendant examine her vagina using either hands or instruments?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
812	Did her water bag break before the labour pains started?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
813	How long was she in labour?	HOURS ..... <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 98			
814	Was (NAME) given any drugs just before or during labour?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 816		
815	What were the drugs used for?	EXPEDITE DELIVERY OF BABY ... 1 EXPEDITE PLACENTA COMING ..... 2 TO EASE PAIN ..... 3 TO REDUCE BLEEDING ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8			
816	Did she have a lot of bleeding <u>before</u> delivering the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 820		
817	Did the bleeding wet her clothes?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
818	Did the bleeding wet the bed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
819	Was there so much blood as to wet the floor?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
820	Did she die before or after the baby was born?	BEFORE ..... 1 AFTER ..... 2 DON'T KNOW ..... 8	→ 901		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821	Did she have difficulty delivering the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
822	What part of the baby came out first?	HEAD ..... 1 LEGS ..... 2 SHOULDER ..... 3 ARMS ..... 4 CAESARIAN SECTION ..... 5 DON'T KNOW ..... 8	→ 826
823	Did the placenta come out?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 826
824	How long after the baby came did the placenta come out?  <b>IF &lt; 1 HOUR WRITE MINUTES</b> <b>IF ONE OR MORE HOUR WRITE HOURS</b>	MINUTES ..... 1 HOURS ..... 2 DON'T KNOW ..... 998	
825	Did all of the placenta come out or only part?	ALL ..... 1 PART ..... 2 DON'T KNOW ..... 8	
826	Did she have a lot of bleeding <u>after</u> delivering the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 830
827	Did the bleeding wet her clothes?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
828	Did the bleeding wet the bed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
829	Was there so much blood as to wet the floor?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
830	Did she have a foul-smelling discharge from her vagina after the baby was born?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
831	Did she have a pain in her legs after the baby was born?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
832	Did she have a fever after the baby was born?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 838
833	How long after the delivery did the fever start?  <b>IF &lt; 1 DAY WRITE HOURS</b> <b>IF ONE OR MORE DAY WRITE DAYS</b>	HOURS ..... 1 DAYS ..... 2 DON'T KNOW ..... 998	
834	Did she have any fits or rigors with the fever?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 836

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
835	Did the fits stop after the baby was born?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8					
836	How long did the fever last?  IF < 1 DAY WRITE HOURS  IF ONE OR MORE DAY WRITE DAYS	HOURS ..... 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS ..... 2 DON'T KNOW ..... 998					
837	Was she having the fever when she died?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8					
838	Was the colour of her eyes yellow after the baby was born?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8					
839	After the delivery, did a birth attendant examine her vagina using either hands or instruments?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8					
840	Did (NAME) receive (or need) a blood transfusion?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<table border="1"><tr><td></td></tr></table> → 901				
841	When did she get blood transfusion?	BEFORE LABOUR ..... 1 DURING CHILDBIRTH ..... 2 AFTER CHILDBIRTH ..... 3 DID NOT GET BLOOD TRANSFUSION ..... 4					

## SECTION 9. DEATHS DUE TO INJURY / ACCIDENT / VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Did she have any serious accident or injury before she died?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="border: 1px solid black; width: 10px; height: 10px; display: inline-block;"></div> → 1001
902	Please tell me what happened.  <b>WRITE IN DETAIL WHAT IS SAID. THEN CIRCLE THE CODE THAT FITS BEST</b>  _____ _____ _____ _____ _____ _____ _____	ROAD / TRAIN ACCIDENT ..... 01 FALL ..... 02 DROWNING ..... 03 SEVERE BURNS / ACID BURNS ..... 04 POISONING ..... 05 SUFFOCATION ..... 06 CUT / STABBED ..... 07 BEATEN / PUNCHED / KICKED ..... 08 RAPE ..... 09 SHOT WITH GUN ..... 10 DOG BITE ..... 11 SNAKE BITE ..... 12 INSECT BITE ..... 13 OTHER ..... 96 <div style="text-align: center;">(SPECIFY)</div>	
903	How long before she died did this happen?  <b>IF &lt; 1-DAY WRITE '00'</b> <b>IF &lt; 1-MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	DAYS ..... 1 MONTHS ..... 2 DON'T KNOW ..... 998	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 10px; height: 10px; border: 1px solid black;"></div> </div>
904	Did she hurt herself intentionally, did someone else hurt her intentionally, or was this an accident?	HURT HERSELF INTENTIONALLY ..... 1 SOMEONE HURT HER ..... 2 ACCIDENT ..... 3 DON'T KNOW ..... 8	<div style="border: 1px solid black; width: 10px; height: 10px; display: inline-block;"></div> → 906
905	Do you think she was trying to commit suicide?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
906	Do you think this injury was the main cause of her death, did it contribute to her death, or was it not important?	MAIN CAUSE ..... 1 CONTRIBUTED ..... 2 NOT IMPORTANT ..... 3 DON'T KNOW ..... 8	

## SECTION 10. CARE-SEEKING BEHAVIOR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
1001	<p>During her last illness, how long after she first started having symptoms, did you recognize that she was having a serious problem or illness?</p> <p><b>IF &lt; 1 DAY WRITE HOURS</b>  <b>IF &lt; 1 MONTH WRITE DAYS</b>  <b>IF ONE OR MORE MONTH WRITE MONTHS</b></p>	<p>IMMEDIATELY 000</p> <table border="1"> <tr> <td>HOURS .....</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>DAYS .....</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>MONTHS .....</td> <td>3</td> <td></td> <td></td> </tr> </table> <p>DIED IMMEDIATELY ..... 995  DON'T KNOW ..... 998</p>	HOURS .....	1			DAYS .....	2			MONTHS .....	3			
HOURS .....	1														
DAYS .....	2														
MONTHS .....	3														
1002	<p>How serious did she/her family perceive this complication or problem to be?</p>	<p>NOT SERIOUS ..... 1  SOMEWHAT SERIOUS ..... 2  VERY SERIOUS ..... 3  LIFE THREATENING ..... 4</p>	→ 1004												
1003	<p>Did she/her family think that she could have died because of her problem or illness or did you think it was not so serious at first?</p>	<p>THOUGHT SHE COULD DIE ..... 1  DID NOT THINK SHE COULD DIE ..... 2</p>													
1004	<p>During (NAME)'s last illness/problem, did she or anyone seek any kind of treatment for her illness?</p>	<p>YES ..... 1  NO ..... 2  DON'T KNOW ..... 8</p>	→ 1007												
1005	<p>Why did you <b>not</b> seek any treatment for her illness?</p> <p><b>CIRCLE ALL MENTIONED.</b></p> <p><b>WRITE DETAILS OF THE REASON GIVEN IN THE SPACE BELOW:</b></p>	<p>NO TREATMENT NECESSARY ... A  NOT CUSTOMARY ..... B  COST TOO MUCH ..... C  TOO FAR ..... D  NO TRANSPORT ..... E  NO ONE TO ACCOMPANY ..... F  FAMILY DID NOT ALLOW ..... G  GOOD CARE AT HOME ..... H  DID NOT KNOW WHERE TO GO ... I  NO TIME TO GO ..... J  HAVE TO GO TO A MALE DOCTOR K  DID NOT REALIZE SERIOUSNESS . L  OTHER ..... X  (SPECIFY)  DON'T KNOW ..... Z</p>													
1006	<p>Who was involved in making the decision that (NAME) should NOT go for treatment?</p> <p><b>CIRCLE ALL MENTIONED.</b></p>	<p>DECEASED HERSELF ..... A  HUSBAND ..... B  MOTHER IN LAW/FATHER IN LAW . C  MOTHER / FATHER ..... D  SISTER / SISTER IN LAW ..... E  OTHER HUSBAND'S FAMILY ..... F  DECEASED'S FAMILY MEMBERS . G  RELATIVES ..... H  FRIENDS /NEIGHBOURS ..... I  DAI / LHV / FIELDWORKER ..... J  OTHER ..... X  (SPECIFY)  NO ONE ..... Y  DON'T KNOW ..... Z</p>	→ H100												
1007	<p>From whom did she receive treatment?</p> <p>Anyone else?</p> <p><b>CIRCLE ALL MENTIONED.</b></p>	<p><b>HEALTH PERSONNEL</b>  OBSTETRICIAN/SPECIALIS' ..... A  DOCTOR ..... B  NURSE/MIDWIFE/LHV ..... C  COMMUNIRTY MIDWIFE ..... D</p> <p><b>OTHER PERSON</b>  DAI-TBA ..... E  LADY H. WORKER ..... F  HOMEOPATH ..... G  HAKIM ..... H  DISPENSER / COMPOUNDER ..... I</p> <p>OTHER ..... X  (SPECIFY)</p>													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
1008	<p>Where was the treatment provided?</p> <p><b>CIRCLE ALL MENTIONED.</b></p>	<p><b>HOME</b></p> <p>HER HOME ..... A</p> <p>OTHER HOME ..... B</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... C</p> <p>RHC/MCH ..... D</p> <p>OTHER PUBLIC ..... E</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b></p> <p>PVT. HOSPITAL/CLINIC ..... F</p> <p>OTHER PRIVATE MED. .... G</p> <p>_____ (SPECIFY)</p> <p>OTHER ..... X</p> <p>_____ (SPECIFY)</p> <p>NO ONE ..... Y</p> <p>DON'T KNOW ..... Z</p>													
1009	<p>Who was involved in making the decision that (NAME) should go for treatment?</p> <p><b>CIRCLE ALL MENTIONED.</b></p>	<p>DECEASED HERSELF ..... A</p> <p>HUSBAND ..... B</p> <p>MOTHER IN LAW/FATHER IN LAW . C</p> <p>MOTHER / FATHER ..... D</p> <p>SISTER / SISTER IN LAW ..... E</p> <p>OTHER HUSBAND'S FAMILY ..... F</p> <p>DECEASED'S FAMILY MEMBERS . G</p> <p>RELATIVES ..... H</p> <p>FRIENDS /NEIGHBOURS ..... I</p> <p>DAI / LHV / FIELDWORKER ..... J</p> <p>OTHER ..... X</p> <p>_____ (SPECIFY)</p> <p>NO ONE ..... Y</p> <p>DON'T KNOW ..... Z</p>													
1010	<p>How long after the problem was recognized, was it decided that she should go for treatment?</p> <p><b>IF &lt; 24 HRS WRITE '00' DAYS</b></p> <p><b>IF &lt; 1 MONTH WRITE DAYS</b></p> <p><b>IF ONE OR MORE MONTH WRITE MONTHS</b></p>	<p>HOURS ..... 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS ..... 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS ..... 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ..... 998</p>													
1011	<p>Once you decided to go for treatment, did you try to go immediately, or did you wait?</p>	<p>YES, TRIED TO GO IMMEDIATELY / ALREADY AT HEALTH FACILITY 1</p> <p>NO, WAITED ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 1013</p> <p>→ 1013</p>												
1012	<p>Why did you not try to go immediately?</p>	<p>HOSPITAL TOO FAR ..... A</p> <p>DID NOT REALIZE SERIOUSNESS B</p> <p>LACK OF FUNDS ..... C</p> <p>HAVE TO GO TO A MALE DOCTOR D</p> <p>NIGHT TIME ..... E</p> <p>NO TRANSPORT ..... F</p> <p>HUSBAND AWAY ..... G</p> <p>NEED PERMISSION FROM ELDERS H</p> <p>OTHER ..... X</p> <p>DON'T KNOW ..... Z</p>													
1013	<p>What was the time lag between first recognition of the seriousness of symptoms and taking (NAME) to hospital?</p> <p><b>IF &lt; 1 DAY WRITE HOURS</b></p> <p><b>IF ONE OR MORE DAY WRITE DAYS</b></p>	<p>HOURS ..... 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS ..... 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>ALREADY AT HEALTH FACILITY 997</p> <p>DON'T KNOW ..... 998</p>													

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
1022	What treatment was given to (NAME)? Did she receive:  a) An injection in her arm? b) An injection in her buttock? c) A needle in her vein attached to a bag (drip)? d) A blood transfusion? e) An operation? f) Pills or capsules? g) Oxygen?	<div style="text-align: right;">YES NO DK</div> a) INJECTION IN ARM . 1 2 8 b) INJECTION IN BUTT 1 2 8 c) DRIP ..... 1 2 8 d) TRANSFUSION ..... 1 2 8 e) OPERATION ..... 1 2 8 f) PILLS/CAPSULES ... 1 2 8 g) OXYGEN ..... 1 2 8 x) OTHER -1 ..... 1 2 (SPECIFY) y) OTHER -2 ..... 1 2 (SPECIFY)									
1023	Did (NAME)'s condition improve after treatment in this place or did it stay the same or get worse?	IMPROVED ..... 1 STAYED SAME . ..... 2 GOT WORSE ..... 3 DIED ..... 4 DON'T KNOW ..... 8	<div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> → 1025 <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> → 1025								
1024	How long after she arrived in the first hospital / clinic did she die?  <b>IF &lt; 1 HOUR WRITE MINUTES</b> <b>IF &lt; 1 DAY WRITE HOURS</b> <b>IF ONE OR MORE DAYS WRITE DAYS</b>	IMMEDIATELY ..... 000 MINUTES ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> HOURS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> DAYS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> DON'T KNOW ..... 998							<div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> → 1043		
1025	Did the first hospital / clinic / provider refer (NAME) to another hospital / clinic?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> → 1031								
1026	Where was she referred to?	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL . ..... 21 RHC/MCH ..... 22 OTHER PUBLIC ..... 26 (SPECIFY) <b>PRIVATE MED. SECTOR</b> PVT. HOSPITAL/CLINIC ..... 31 OTHER PRIVATE MED. .... 36 (SPECIFY) OTHER ..... 96 (SPECIFY)									
1027	How long after she arrived in the first hospital / clinic did they refer her to the second hospital / clinic?  <b>IF &lt; 1 HOUR WRITE MINUTES</b> <b>IF &lt; 1 DAY WRITE HOURS</b> <b>IF &lt; 1 MONTH WRITE DAYS</b> <b>IF ONE OR MORE MONTH WRITE MONTHS</b>	IMMEDIATELY ..... 000 MINUTES ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> HOURS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> DAYS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> MONTHS ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> DON'T KNOW ..... 998									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1028	Why did they refer (NAME) to the second place?	NO EQUIPMENT FOR OPERATION A HIGH BLOOD PRESSURE ..... B TO GET BETTER CARE ..... C NO DOCTOR WAS AVAILABLE ... D NO ARRANGEMENTS FOR GIVING BLOOD ..... E NO PROPER ARRANGEMENTS FOR RESOLVING PROBLEM ..... F BABY WENT HIGHER ..... G PART OF BABY CAME OUT ..... H BABY PASSED STOOL INSIDE UTERUS ..... I CERVIX DID NOT OPEN ..... J OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
1029	Did she go to the place they referred her to?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1032 → 1031
1030	Why did she not go there for treatment?  <b>CIRCLE ALL MENTIONED.</b>  <b>BE SURE TO GET A GOOD REASON. WRITE NOTES IF NECESSARY.</b>	NO TREATMENT NECESSARY ... A NOT CUSTOMARY ..... B COST TOO MUCH ..... C TOO FAR ..... D NO TRANSPORT ..... E NO ONE TO ACCOMPANY ..... F FAMILY DID NOT ALLOW ..... G GOOD CARE AT HOME ..... H DID NOT KNOW WHERE TO GO I NO TIME TO GO ..... J HAVE TO GO TO A MALE DOCTOR K DID NOT REALIZE SERIOUSNESS L OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
1031	Did she go anywhere else for treatment?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1043
1032	Where did she go the <u>last</u> time she got treatment for her last illness?	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... 21 RHC/MCH ..... 22 OTHER PUBLIC ..... 26 (SPECIFY) <b>PRIVATE MED. SECTOR</b> PVT. HOSPITAL/CLINIC ..... 31 OTHER PRIVATE MED. .... 36 (SPECIFY) OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
1033	Who went with her when she went to the last place for treatment?	HUSBAND ..... B MOTHER IN LAW/FATHER IN LAW C MOTHER / FATHER ..... D SISTER / SISTER IN LAW ..... E OTHER HUSBAND'S FAMILY ..... F DECEASED'S FAMILY MEMBERS G RELATIVES ..... H FRIENDS / NEIGHBOURS ..... I DAI / LHV / FIELDWORKER ..... J OTHER ..... X (SPECIFY) NO ONE ..... Y DON'T KNOW ..... Z	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
1041	Where was she referred to?	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... 21 RHC/MCH ..... 22 OTHER PUBLIC ..... 26 _____ (SPECIFY) <b>PRIVATE MED. SECTOR</b> PVT. HOSPITAL/CLINIC ..... 31 OTHER PRIVATE MED. .... 36 _____ (SPECIFY) OTHER ..... 96 DON'T KNOW ..... 98							
1042	Why did they refer (NAME) to this place?	NO EQUIPMENT FOR OPERATION A HIGH BLOOD PRESSURE ..... B TO GET BETTER CARE ..... C NO DOCTOR WAS AVAILABLE ... D NO ARRANGEMENTS FOR GIVING BLOOD ..... E NO PROPER ARRANGEMENTS FOR RESOLVING PROBLEM .... F BABY WENT HIGHER ..... G PART OF BABY CAME OUT ..... H BABY PASSED STOOL INSIDE UTERUS ..... I CERVIX DID NOT OPEN ..... J OTHER ..... X _____ (SPECIFY) DON'T KNOW ..... Z							
1043	How much did it cost in total for the treatment for her last illness?  <b>IF &gt; 990000 WRITE 990000</b>	RUPEES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NO AMOUNT SPENT ..... 999997 DON'T KNOW ..... 999998							→ 1045
1044	Where did you get the funds to pay for her care?  <b>CIRCLE ALL MENTIONED</b>	FAMILY FUNDS ..... A BORROWED ..... B SOLD ASSETS ..... C GIVEN BY RELATIVES/FRIENDS ... D MORTGAGED PROPERTY ..... E OTHER ..... X _____ (SPECIFY) DON'T KNOW ..... Z							
1045	Did she die in the hospital?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1047						
1046	Where did she die?	ON HER WAY TO NEXT HOSPITAL 1 ON HER WAY BACK TO HOME . 2 AT HOME ..... 3 OTHERS ..... 6 DON'T KNOW ..... 8	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td></tr> <tr><td></td></tr> </table> → H100						
1047	How long after she died did they remove the body from the hospital / clinic?  <b>IF &lt; 1 HOUR WRITE "00"</b> <b>IF &lt; 1 DAY WRITE HOURS</b> <b>IF ONE OR MORE DAY WRITE DAYS</b>	HOURS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DAYS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998							

## SECTION 11: HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
H100	<b>CHECK HOUSEHOLD IDENTIFICATION:</b>  <div style="display: flex; justify-content: space-between;"> <span>HOUSEHOLD SELECTED FOR SHORT    <input type="checkbox"/></span> <span>HOUSEHOLD SELECTED FOR LONG    <input type="checkbox"/></span> </div> <p style="text-align: center;"></p>		→ H146
H101	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42  RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91  OTHER _____ 96 <div style="text-align: right;">(SPECIFY)</div>	<div style="position: relative;"> <div style="position: absolute; left: -10px; top: 50%; transform: translateY(-50%);">→</div> <div style="border-left: 2px solid black; height: 100%; position: relative;"> <div style="position: absolute; top: 10%; width: 100%;">→ H106</div> <div style="position: absolute; bottom: 10%; width: 100%;">→ H103</div> </div> </div>
H102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42  RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 OTHER _____ 96 <div style="text-align: right;">(SPECIFY)</div>	<div style="position: relative;"> <div style="position: absolute; left: -10px; top: 50%; transform: translateY(-50%);">→</div> <div style="border-left: 2px solid black; height: 100%; position: relative;"> <div style="position: absolute; top: 10%; width: 100%;">→ H106</div> </div> </div>
H103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ H105
H104	How long does it take to go there, get water, and come back?  IF WATER IS DELIVERED AT HOME, RECORD `000'.	MINUTES ..... <div style="display: inline-block; border: 1px solid black; width: 40px; height: 25px;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 25px;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 25px;"></div>  DON'T KNOW ..... 998	
H105	CHECK H101 AND H102: CODE '14' OR '21' CIRCLED?  <div style="display: flex; justify-content: space-around;"> <span>YES <input type="checkbox"/> </span> <span>NO <input type="checkbox"/> → H107</span> </div>		

## SECTION 11: HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
H106	In the past two weeks, was the water from this source not available for at least one full day?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
H107	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ H109		
H108	What do you usually do to make the water safer to drink?Anything else?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z			
H109	What kind of toilet facility do members of your household usually use?  IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	<b>FLUSH OR POUR FLUSH TOILET</b> FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/OPEN PIT ..... 23  COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 HANGING TOILET/HANGING LATRINE ..... 51 NO FACILITY/BUSH/FIELD ..... 61  OTHER ..... 96 (SPECIFY)	→ H113		
H110	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ H112		
H111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <table><tr><td>0</td><td></td></tr></table>  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	0		
0					
H112	Where is this toilet facility located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3			

**SECTION 11: HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP														
H113	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 KEROSENE ..... 05 COAL, LIGNITE ..... 06 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS ..... 09 AGRICULTURAL CROP ..... 10 ANIMAL DUNG ..... 11  NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER ..... 96 (SPECIFY)	           → H116														
H114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE ..... 1 IN A SEPARATE BUILDING ..... 2 OUTDOORS ..... 3  OTHER ..... 6 (SPECIFY)	   → H116														
H115	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2															
H116	How many rooms in this household are used for sleeping?	ROOMS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>															
H117	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	 → H121														
H118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.  a) Milk cows or bulls? b) Other cattle (buffalo)? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Camels? g) Chickens or other poultry?	           a) COWS/BULLS ..... b) OTHER CATTLE (BUFFALO) ..... c) HORSES/DONKEYS/MULES ..... d) GOATS ..... e) SHEEP ..... f) CAMELS ..... g) CHICKENS/POULTRY ..... <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>															

**SECTION 11: HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
H121	Does your household have:	YES	NO	
	a) Electricity?	a) ELECTRICITY ..... 1	2	
	b) A radio?	b) RADIO ..... 1	2	
	c) A television?	c) TELEVISION ..... 1	2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE .. 1	2	
	e) A refrigerator?	e) REFRIGERATOR ..... 1	2	
	f) Almirah/cabinet?	f) ALMIRAH/CABINET ..... 1	2	
	g) Chair?	g) CHAIR ..... 1	2	
	h) Room cooler?	h) ROOM COOLER ..... 1	2	
	i) Air conditioner?	i) AIR CONDITIONER ..... 1	2	
	j) Washing machine?	j) WASHING MACHINE ..... 1	2	
	k) Water pump?	k) WATER PUMP ..... 1	2	
	l) Bed?	l) BED ..... 1	2	
	m) Clock?	m) CLOCK ..... 1	2	
	n) Sofa?	n) SOFA ..... 1	2	
	o) Camera?	o) CAMERA ..... 1	2	
	p) Sewing machine?	p) SEWING MACHINE ..... 1	2	
	q) Computer?	q) COMPUTER ..... 1	2	
	r) Internet connection?	r) INTERNET CONNECTION ..... 1	2	
H122	Does any member of this household own:	YES	NO	
	a) A watch?	a) WATCH ..... 1	2	
	b) A mobile phone?	b) MOBILE PHONE ..... 1	2	
	c) A bicycle?	c) BICYCLE ..... 1	2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER ..... 1	2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART ..... 1	2	
	f) A car or truck or bus?	f) CAR/TRUCK/BUS ..... 1	2	
	g) A tractor?	g) TRACTOR ..... 1	2	
	h) A boat with a motor?	h) BOAT WITH MOTOR ..... 1	2	
	i) A boat without a motor?	i) BOAT WITHOUT MOTOR ..... 1	2	
	j) A Rickshaw/chingchi ?	j) RICKSHAW/CHINGCHI ..... 1	2	

**SECTIONS 11: ADDITIONAL HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
H142	<p>OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL FLOOR</b></p> <p>EARTH/SAND ..... 11</p> <p>DUNG ..... 12</p> <p><b>RUDIMENTARY FLOOR</b></p> <p>WOOD PLANKS ..... 21</p> <p>PALM/BAMBOO ..... 22</p> <p><b>FINISHED FLOOR</b></p> <p>PARQUET OR POLISHED WOOD ..... 31</p> <p>VINYL OR ASPHALT STRIPS ..... 32</p> <p>CERAMIC TILES ..... 33</p> <p>CEMENT ..... 34</p> <p>CARPET ..... 35</p> <p>CHIPS/TERRAZZO ..... 36</p> <p>BRICKS ..... 37</p> <p>MATS ..... 38</p> <p>MARBLE ..... 39</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>									
H143	<p>OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL ROOFING</b></p> <p>NO ROOF ..... 11</p> <p>THATCH/PALM LEAF ..... 12</p> <p>SOD/GRASS ..... 13</p> <p><b>RUDIMENTARY ROOFING</b></p> <p>RUSTIC MAT ..... 21</p> <p>PALM/BAMBOO ..... 22</p> <p>WOOD PLANKS ..... 23</p> <p>CARDBOARD ..... 24</p> <p><b>FINISHED ROOFING</b></p> <p>ASBESTOS ..... 31</p> <p>REINFORCED BRICK CEMENT/RCC ..... 32</p> <p>METAL ..... 33</p> <p>WOOD ..... 34</p> <p>CALAMINE/CEMENT FIBER ..... 35</p> <p>CERAMIC TILES ..... 36</p> <p>CEMENT/RCC ..... 37</p> <p>ROOFING SHINGLES ..... 38</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>									
H144	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL WALLS</b></p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>DIRT ..... 13</p> <p>MUD/STONES ..... 14</p> <p>BAMBOO/STICKS/MUD ..... 15</p> <p><b>RUDIMENTARY WALLS</b></p> <p>UNBAKED BRICKS/MUD ..... 21</p> <p>BAMBOO WITH MUD ..... 22</p> <p>STONE WITH MUD ..... 23</p> <p>UNCOVERED ADOBE ..... 24</p> <p>PLYWOOD ..... 25</p> <p>REUSED WOOD ..... 26</p> <p><b>FINISHED WALLS</b></p> <p>CEMENT ..... 31</p> <p>STONE WITH LIME/CEMENT ..... 32</p> <p>BRICKS ..... 33</p> <p>CEMENT BLOCKS ..... 34</p> <p>COVERED ADOBE ..... 35</p> <p>WOOD PLANKS/SHINGLES ..... 36</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>									
H146	<p>RECORD THE TIME.</p>	<p>HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table></p> <p>MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table></p>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_