

# KAGERA HEALTH AND DEVELOPMENT SURVEY 2004

## MORTALITY OF PREVIOUS HOUSEHOLD MEMBERS

| CLUSTER NUMBER |  | HOUSEHOLD NUMBER |  |
|----------------|--|------------------|--|
|                |  |                  |  |

INTERVIEWER OR SUPERVISOR: \_\_\_\_\_ ID CODE:  DATE:

TO BE ASKED ONLY ONCE IN THE WHOLE SURVEY AND AFTER COMPLETION OF OTHER SECTIONS

1. HAVE ANY PREVIOUS HOUSEHOLD MEMBERS DIED (CHECK HOUSEHOLD TRACKING FORM)  
 YES...1   
 NO.....2 (>END OF QUESTIONNAIRE)

2. RECORD NAME OF RESPONDENT: \_\_\_\_\_

3. RELATIONSHIP OF RESPONDENT TO HOUSEHOLD TRACKING FORM

WRITE NUMBER OF THE APPROPRIATE RELATION

ON HOUSEHOLD TRACKING FORM.....1

OLD INDIVIDUAL MEMBER ID:

NOT ON HOUSEHOLD TRACKING FORM, BUT  
 ON NEW HOUSEHOLD ROSTER.....2

ID CODE FROM HOUSEHOLD QUESTIONNAIRE 2004:

| CLUSTER NUMBER | HOUSEHOLD NUMBER | TEMPORARY HOUSEHOLD NUMBER | ID CODE |
|----------------|------------------|----------------------------|---------|
|                |                  |                            |         |

OTHER RELATIVE, (SPECIFY: \_\_\_\_\_).....3

OTHER NON-RELATIVE, (SPECIFY: \_\_\_\_\_).....4

MORTALITY OF PREVIOUS HOUSEHOLD MEMBERS (CONT)

Now I'm going to ask the people who were interviewed 10 years ago about the people they were living with at that time but have since passed away.

| P<br>E<br>R<br>S<br>O<br>N<br><br>N<br>U<br>M<br>B<br>E<br>R | 4<br>FROM THE HOUSEHOLD TRACKING FORM COPY ALL DECEASED<br>PREVIOUS HOUSEHOLD MEMBERS |      | 5<br>In what year<br>did<br>...[NAME]...<br>pass away? | 6<br>Was<br>...[NAME]<br>...<br>living<br>with any<br>of the<br>following<br>(READ<br>NAMES<br>FROM<br>PREVIOUS<br>HH<br>MEMBERS)<br>when<br>he/she<br>died | 7<br>With whom (FROM PREVIOUS HH MEMBERS) did the deceased live<br>with when he/she died? | 8<br>Did<br>...[NAME]<br>... live<br>with any<br>of the<br>followin<br>g (READ<br>NAMES<br>FROM<br>PREVIOUS<br>HH<br>MEMBERS)<br>two<br>years<br>before<br>he died? | 9<br>With whom (FROM PREVIOUS HH MEMBERS) did the deceased<br>live two years before he/she died? |
|--|---|------|--|---|---|---|--|
|  | ID CODE<br>FROM HH<br>TRACKING FORM   | NAME | YEAR   | YES...1<br>NO...2<br>(>8)   | ID CODE FROM HOUSEHOLD TRACKING FORM  | YES...1<br>NO...2<br>(>10)  | ID CODE FROM HOUSEHOLD TRACKING FORM   |
| 01   |   |      |  |   |   |   |  |
| 02   |   |      |  |   |   |   |  |
| 03   |   |      |  |   |   |   |  |
| 04   |   |      |  |   |   |   |  |
| 05   |   |      |  |   |   |   |  |
| 06   |   |      |  |   |   |   |  |
| 07   |   |      |  |   |   |   |  |
| 08   |   |      |  |   |   |   |  |
| 09   |   |      |  |   |   |   |  |
| 10   |   |      |  |   |   |   |  |
| 11   |   |      |  |   |   |   |  |
| 12   |   |      |  |   |   |   |  |

| ILLNESS CODES                     |    |
|-----------------------------------|----|
| AIDS/HIV.....                     | 1  |
| HERPES ZOSTER.....                | 2  |
| URINARY INFECTION.....            | 3  |
| GONORRHEA.....                    | 4  |
| SYPHILIS.....                     | 5  |
| MALARIA.....                      | 6  |
| TYPHOID.....                      | 7  |
| MEASLES.....                      | 8  |
| MENINGITIS.....                   | 9  |
| POLIO.....                        | 10 |
| TUBERCULOSIS.....                 | 11 |
| TETANUS.....                      | 12 |
| ASTHMA.....                       | 13 |
| PNEUMONIA.....                    | 14 |
| BILHARZIA/<br>SHISTOSOMIASIS..... | 15 |
| INTESTINAL WORMS.....             | 16 |
| DIARRHOEA.....                    | 17 |
| DYSENTERY.....                    | 18 |
| MALNUTRITION<br>KWASHIORKOR.....  | 19 |
| MARASMUS.....                     | 20 |
| FRACTURE.....                     | 21 |
| CANCER.....                       | 22 |
| POISONING.....                    | 23 |
| DIABETES.....                     | 24 |
| PRESSURE.....                     | 25 |
| FLU/COLD.....                     | 26 |
| OTHER STD<br>(SPECIFY).....       | 27 |
| OTHER ILLNESS<br>(SPECIFY).....   | 28 |
| OTHER INJURY<br>(SPECIFY).....    | 29 |
| WITCHCRAFT.....                   | 30 |
| DON'T KNOW.....                   | 31 |

MORTALITY OF HOUSEHOLD MEMBERS (END)

| P<br>E<br>R<br>S<br>O<br>N<br><br>N<br>U<br>M<br>B<br>E<br>R | 10   | 11   |        | 12        | 13   | 14   |      | 15  |         |      |
|--|--|--|--------|-----------|--|--|------|---|---------|------|
|  | Did ..[NAME].. die as the result of an illness?<br><br>YES.....1<br>NO.....2 (>15)<br><br>DON'T KNOW...3<br>(>NEXT DECEASED) | For how long was ..[NAME].. suffering from this illness or condition before he/she died?<br><br>TIME UNIT:<br>DAY...3<br>WEEK..4<br>MONTH.5<br>YEAR..6 | NUMBER | TIME UNIT | Was the illness from which ..[NAME].. was suffering ever diagnosed by a health professional?<br><br>YES....1<br>NO.....2 (>14) | What did the health practitioner report that ..[NAME].. was suffering from?<br><br>ILLNESS | CODE | What illness do you think ..[NAME].. was suffering from?<br><br>> NEXT DECEASED | ILLNESS | CODE |
| 01   |  |  |        |           |  |  |      |   |         |      |
| 02   |  |  |        |           |  |  |      |   |         |      |
| 03   |  |  |        |           |  |  |      |   |         |      |
| 04   |  |  |        |           |  |  |      |   |         |      |
| 05   |  |  |        |           |  |  |      |   |         |      |
| 06   |  |  |        |           |  |  |      |   |         |      |
| 07   |  |  |        |           |  |  |      |   |         |      |
| 08   |  |  |        |           |  |  |      |   |         |      |
| 09   |  |  |        |           |  |  |      |   |         |      |
| 10   |  |  |        |           |  |  |      |   |         |      |
| 11   |  |  |        |           |  |  |      |   |         |      |
| 12   |  |  |        |           |  |  |      |   |         |      |