AFRICAN POPULATION AND HEALTH RESEARCH CENTER (APHRC)

NAIROBI URBAN HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM (NUHDSS)

VERBAL AUTOPSY FORM FOR PEOPLE 5 YEARS AND OLDER

A. BACKGROUND

GET AND CONFIRM RESPONSES FOR A.4 TO A.10 FROM DEATH REGISTRATION FORM

A.1. START TIME [ ][ ][ ][ ]

A.2. FIELD WORKER'S CODE [ ][ ]

A.3. DATE OF INTERVIEW [ ][ ][ ][ ][ ][ ][ ][ ]

A.4. NAME OF DECEASED PERSON ……

A.5. ID OF THE DECEASED PERSON [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

A.6. HOUSEHOLD ID [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

A.7. DATE OF BIRTH OF THE DECEASED PERSON [ ][ ][ ][ ][ ][ ][ ][ ]

A.8. DATE OF DEATH [ ][ ][ ][ ][ ][ ][ ][ ]

A.9. SEX OF THE DECEASED PERSON (F=Female; M=Male) [ ]

A.10. ID OF ROOM WHERE (NAME) USED TO SLEEP [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

A.11 COMPUTE AGE IN YEARS (CHECK A.7 & A.8) [ ][ ][ ]

B. RESPONDENT PARTICULARS

B.1. What is your **full** name?……

B.2. RESPONDENT'S ID [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

B.3. What is your relationship to (NAME OF DECEASED)? **(CODE SHEET A[2])** [ ][ ][ ]

B.4. Were you taking care of (NAME) at the time of his/her illness or death?
(0=N0; 1=YES, THROUGHOUT ILLNESS DURATION;
2=YES, FOR PART OF THE ILLNESS DURATION) [ ]

C. RESULT OF INTERVIEW **(CODE SHEET A[7])** …… [ ]

SECTION 1: OPEN HISTORY

1.1. Please tell me the area or town where (NAME) died.

P)…… D)……L)……/V/E)……...

RECORD THE CODE FOR AREA/TOWN WHERE DEATH OCCURRED (CODE SHEET A[5]) ☐

1.2. Did (NAME) die in a house, health facility, en route to health facility or elsewhere? (HS=HOUSE; HF=HEALTH FACILITY; RT=EN ROUTE TO HEALTH FACILITY; OT=ELSEWHERE, SPECIFY ☐☐

1.3. Please, tell me about the circumstances that surrounded the death of (NAME)

PROBE FOR MORE DETAILS: WAS THERE ANYTHING ELSE?

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1.4 FOR EACH OF THE SYMPTOMS/CONDITIONS LISTED BELOW, CIRCLE THE CORRESPONDING LETTERS ON THE RIGHT IF MENTIONED IN Q. 1.3, OTHERWISE LEAVE IT UNCIRCLED. DO NOT READ OUT WHAT IS CONTAINED IN THIS LIST.

a.	Accident	a.
b.	HIV/AIDS	b.
c.	Born Premature	c.
d.	Cholera	d.
e.	Coma	e.
f.	Complicated Delivery	f.
g.	Cough	g.
h.	Diarrhoea	h.
i.	Difficult Breathing	i.
j.	Dysentry	j.
k.	Fever	k.
l.	Fit/Convulsion	l.
m.	Injury	m.
n.	Jaundice	n.
o.	Kwashiorkor	o.
p.	Malaria	p.
q.	Malformation	q.
r.	Marasmus	r.
s.	Measles	s.
t.	Meningitis	t.
u.	Multiple Birth	u.
v.	Pneumonia	v.
w.	Rapid Breathing	w.
x.	Rash	x.
y.	Stiff Neck	y.
z.	Tetanus	z.
aa.	Tuberculosis (TB)	aa.
ab.	Typhoid	ab.
ac.	Very small at birth	ac.
ad.	Very thin	ad.
ae.	Vomiting	ae.
af.	Others (specify) ……..……..……..……..…….……	af.

1.5. Did (NAME) have an illness or injury around the time he/she died? ☐
(1=ILLNESS; 2=INJURY; 3=BOTH; 8=DON'T KNOW)

1.6. For how long was (NAME) ill before he/she died? CODE DURATION

RECORD D=DAYS, M=MONTHS, Y=YEARS IN 1st BOX AND DURATION IN LAST 2 BOXES

1.7. Was health care sought while (NAME) was sick/injured? (N=NO; Y=YES; D=DON'T KNOW)

[IF THE ANSWER IS "N" OR "D", SKIP AND READ INSTRUCTION JUST BEFORE Q. 1.10]

1.8. Was care sought in any of the following health providers/facilities? (N=NO; Y=YES; D=DON'T KNOW)
(CIRCLE ONLY THOSE METIONED)

a. Government hospital a.
b. Government health center/dispensary/clinic(including city council clinics) b.
c. Private health center/Clinic c.
d. Traditional healer d.
e. Religious healer e.
f. Pharmacy/Drug seller/Store/Market f.
g. NGO/Religious health center/community health centres. g.
h. Other (specify) ……. h.

1.9 If care was soought from more than one source, which of them was the first?

(INDICATE SOURCE USING Q.1.8 AND LETTER ABOVE E.g 1.8f, 1.8d e.t.c)

[CHECK Q. 1.5. IF ANSWER IS 2, SKIP TO Q. 1.11]

1.10 What illness do you think (NAME) had/died of? **[CIRCLE THOSE MENTIONED AND PROBE i.e. "ANY OTHER"?]**

a. HIV/AIDS a.
b. Cholera b.
c. Dysentry c.
d. Diarhoea d.
e. Kwashiokor e.
f. Malaria f.
g. Marasmus g.
h. Measles h.
i. Pneumonia i.
j. Tetanus j.
k. Typhoid k.
l. Tuberculosis (TB) l.
m. Other (specify) …….. m.

CHECK Q. 1.5. [IF ANSWER IS 1, SKIP TO Q. 1.12]

1.11. What caused the injury?

CIRCLE THOSE MENTIONED AND PROBE "ANY OTHER". DO NOT READ OUT

a. Vehicle accident a.
b. Fall b.
c. Drowning c.
d. Poisoning d.
e. Alcohol/Drug overdose e.
f. Shooting f.
g. Bite or sting by venomous animals g.
h. Burn (scald/flame) h.
i. Strangulation i.
j. Other (specify)…… j.

1.12. What was the most immediate cause of death (in Q.1.10 or Q1.11)?

RECORD THE QUESTION NUMBER AND LETTER FOR THE IMMEDIATE CAUSE (e.g., 110g or 111g) ☐☐☐☐

1.13. How long did (NAME) survive the immediate cause above (Q1.11) before death? (1=LESS THAN 24 HRS; 2=1 DAY OR MORE; 8=DON'T KNOW) ☐

SECTION 2: ALL DEATHS

2.1. Did (NAME) have any of the following before he/she died? (N/Y/D)

a. Hypertension ☐
b. Diabetes ☐
c. Epilepsy ☐
d. Tuberculosis (TB) ☐
e. HIV/AIDS ☐
f. Heart disease ☐
g. Kidney disease ☐
h. Other (specify)…… ☐

2.2. Did (NAME) have fever? (**N**/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.3]

a. How many days did the fever last? (21=21 AND MORE; 98=DON'T KNOW) ☐
b. Was the fever 1=Severe; 2=Mild; 8=Don't know? ☐
c. Was the fever 1=Continuous; 2=On & off; 8=Don't know? ☐
d. Did (NAME) experience backpain and myalgia (muscle pain)? (N/Y/D) ☐

2.3. Did (NAME) have a rash? (N/Y/D) **[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.4]** ☐

a. How many days did the rash last? (21=21 AND MORE; 98=DON'T KNOW) ☐
b What did the rash look like? (1=MEASLES RASH; 2=RASH WITH CLEAR FLUID; 3=RASH WITH PUS; 4=OTHER (SPECIFY)……8=DON'T KNOW ☐
c. Where was the rash located? (1=ON FACE; 2=ON BODY TRUNK; 3=ON THE MOUTH; 4=OTHER(specify): ……. 8=DON'T KNOW) ☐
d. Was the rash painful? (N/Y/D) ☐
e. Did he/she have sore eyes? (N/Y/D) ☐

2.4. Had (NAME) lost weight before death? (N/Y/D) **[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.6]** ☐

2.5. Was the weight loss **1**=Severe; **2**=Moderate; **8**=Don't know)? ☐

2.6. Did (NAME) have swelling in any part of the body? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.7]

a. Did he/she have swelling around ankle? (N/Y/D) ☐
b. Did he/she have puffiness of the face? (N/Y/D) ☐
c. Did he/she have swelling in the armpit? (N/Y/D) ☐
d Did he/she have swelling in the groin ? (N/Y/D) ☐
e Did he/she have other swelling? (N/Y/D), (Specify)…….... ☐

2.7. Did (NAME) have dark colored urine (like coca-cola)? (N/Y/D) ☐

2.8. Did (NAME) look pale (anaemic)? (N/Y/D) ☐

2.9. Did (NAME) have yellow eyes? (N/Y/D) ☐

2.10. Did (NAME) have cough? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.11]

a. How many days did the cough last? (21=21 AND MORE; 98=DON'T KNOW) ☐

b. Was the cough productive (sputum)? (N/Y/D) ☐

c. Did (NAME) cough blood? (N/Y/D) ☐

2.11. Did (NAME) have shortness of breath? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.13]

2.12. How many days did the breathlessness last? (21=21 AND MORE; 98=DON'T KNOW) ☐☐

2.13. Did (NAME) have chest pain ? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.14]

a. Where was the pain? (1=UPPER LEFT; 2=LOWER LEFT; 3=UPPER RIGHT; 4=LOWER RIGHT; 5=CENTER; 6 =WHOLE CHEST; 8=DON'T KNOW) ☐

b. Was the pain 1=Continous; 2=On and off; 8=Don't know? ☐

2.14. Did (NAME) have diarrhoea? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.15]

a. How many days did the diarrhoea last? (21=21 AND MORE; 98=DON'T KNOW) ☐☐

b Was the diarrhoea 1=CONTINOUS; 2=ON & OFF; 8=DON'T KNOW? ☐

c On the average, how many times did he/she pass stool a day? (98=DON'T KNOW) ☐

d Did (NAME) pass blood in the stool? (N/Y/D) ☐

2.15. Did (NAME) have vomiting? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.16]

a. How many days did the vomiting last? (21=21 AND MORE; 98=DON'T KNOW) ☐☐

b. Was the vomiting 1=Continuous; 2=On & off; 8=Don't know? ☐

c. How many times did he/she vomit a day? (8=DON'T KNOW) ☐

d. What did the vomitus look like? (1=WATERLY FLUID; 2=YELLOW FLUID; 3=COFFEE COLORED FLUID; 4=BLOODY; 5=FOOD PARTICLES; 6=OTHER(specify)……8=DON'T KNOW ☐

2.16. Did (NAME) have abdominal pain? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.17]

a. What was the type of pain? (1=CRAMP; 2=DULL ACHE; 3=BURNING PAIN; 4=OTHER…….. 8=DON'T KNOW) ☐

b. Was the pain 1=Continuous; 2=On & off; 8=Don't know? ☐

c. How many days did the pain last? (21=21 AND MORE; 98=DON'T KNOW) ☐

d. Where exactly was the pain? (1=LOWER ABDOMEN; 2=UPPER ABDOMEN; 3=ALL OVER ABDOMEN; 4=OTHER(specify): ……; 8=DON'T KNOW) ☐

e. Was the abdominal pain 1=Relieved by meal; 2=Increased by meal; 3=Did not change with meal; 8=No idea if related to meal intake)? ☐

2.17. Did (NAME) have distension of abdomen? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.18]

a. Was the distension of the abdomen painful? (N/Y/D) ☐

b. What was the type of pain? (1=CRAMP; 2=DULL ACHE; 3=BURNING PAIN; 4=OTHER……... 8=DON'T KNOW)

c. Did the distension develop 1=Rapidly; 2=Slowly over time; 8=Don't know? ☐

d. How many days did the distension of the abdomen last? (21=21 AND MORE; 98=DON'T KNOW) ☐☐

2.18. Did (NAME) have any hard swelling in the abdomen? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.20]

2.19. Where exactly was the swelling? (1=RIGHT UPPER ABDOMEN; 2= LEFT UPPER ABDOMEN; 3=LOWER ABDOMEN; 4=OTHER (specify……); 8=DON'T KNOW) ☐

2.20. Did (NAME) have difficulty in swallowing? (N/Y/D) ☐

IF ANSWER IS "N" OR "D", SKIP TO Q. 2.22

2.21. How many days did he/she have difficulty swallowing? (21=21 AND MORE; 98=DON'T KNOW) ☐☐

2.22. Did (NAME) have headache? (N/Y/D) ☐

2.23. Did (NAME) have stiff neck? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.25]

2.24. For how many days did (NAME) have stiff neck? (21=21 AND MORE 98=DON'T KNOW) ☐☐

2.25. Did (NAME) experience uncounciousness? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.27]

2.26. Did the uncounciousness start 1=Suddenly; 2=Slowly over a few days; 8=Don't know? ☐

2.27. Did (NAME) have fits? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.28]

a. How many days did he/she have fits? (21=21 AND MORE 98=DON'T KNOW) ☐☐

b. When the fits were most frequent, how many fits per day did she/he have? (98=DON'T KNOW) ☐☐

c. Between fits, was he/she 1=Awake; 2=Unconscious; 8=Don't know? ☐

2.28. Did (NAME) have difficulty in opening the mouth? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.30]

2.29. For how long did (NAME) have difficulty opening his/her mouth? (21=21 AND MORE; 98=DON'T KNOW) ☐☐

2.30. Did (NAME) have stiffness in the whole body? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.31]

a. How many days did the body stiffness last? (21=21 AND MORE 98=DON'T KNOW) ☐☐

b. Did the stiffness develop 1=Rapidly; 2=Slowly over time; 8=Don't know? ☐

2.31. Did (NAME) have paralysis? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.32]

a. Where was the paralysis? (1=BOTH LEGS; 2=ONE LEG; 3=BOTH LEGS AND ARMS; 4=ONE LEG AND ONE ARM; 5=FAILED TO CONTROL URINE/FECES; 8=DON'T KNOW) ☐

b. How long did the paralysis last? (21=21 AND MORE 98=DON'T KNOW) ☐☐

2.32. Was there a change in the amount of urine just before death? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.33]

a. How much urine did the deceased pass per day? (1=TOO MUCH; 2=TOO LITTLE; 3=NO URINE AT ALL; 8=DON'T KNOW) ☐

b. Was (NAME) passing urine, 1=More Frequently; 2=About Normal Frequency; 3=Less than normal frequency; 8=Don't know)? ☐

c. How long (in days) did the change in urine amount last? (21=21 AND MORE 98=DON'T KNOW) ☐☐

2.33. Did (NAME) stop passing stool before death? (N/Y/D) ☐

[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.35]

2.34. How many days did the person stop passing stool before he/she died?
(21=21 AND MORE 98=DON'T KNOW) ☐☐

2.35. Did (NAME) have any surgery/operation? (N/Y/D) **[IF ANSWER IS "N" OR "D", SKIP TO Q. 2.36]** ☐

a. How many days before (NAME'S) death did she/he have the surgery?
(21=21 AND MORE 98=DON'T KNOW) ☐☐

b. Where did (NAME) have the surgery? (1=HOSPITAL; 2=HEALTH FACILITY WITHIN THE SLUM; 3=OTHER HEALTH CENTRE OUTSIDE THE SLUM; 4=HOME 6=OTHER……; 8=DON'T KNOW) ☐

2.36. Did (NAME) ever complain of heart problem? (N/Y/D) ☐

a. Did (NAME) complain of tiredness during physical activity? (N/Y/D) ☐

b. Did (NAME) complain of tiredness while lying down? (N/Y/D) ☐

c. Was (NAME) waking up during the night due to shortness of breath? (N/Y/D) ☐

d. Did (NAME) ever complain of sudden rapid heart beats lasting for some minutes? (N/Y/D) ☐

2.37. Did (NAME) have any abnormal growth in any part of the body? (N/Y/D) ☐

[IF ANSWER IS N OR D, SKIP TO SECTION 3]

2.38. Did the swelling/growth persist until the time of death? (N/Y/D) ☐

SECTION 3: PREGNANCY RELATED DEATHS

CHECK QUESTIONS A.9 & A.11:
IF DECEASED IS MALE, FEMALE (YOUNGER THAN 12 YEARS OR 50 YEARS AND ABOVE), PLEASE SKIP TO SECTION 4.

3.1. Was (NAME) pregnant at the time of her death? (N/Y/D) **[IF ANSWER IS "Y", SKIP TO Q. 3.3]** ☐

3.2 Did she die within 6 weeks after delivery? (N/Y/D) ☐

[IF ANSWER IS "Y" SKIP TO Q. 3.23 OTHERWISE SKIP TO SECTION 4]

3.3 How many months was she pregnant?
PROBE TO MAKE AN ESTIMATE [**IF PREGNANCY WAS MORE THAN 5 MONTHS (20 WEEKS), SKIP TO Q. 3.11]**

DEATH BEFORE 20 WEEKS (5 MONTHS) OF PREGNANCY

3.4 Was the pregnancy diagnosed or visible? (N/Y/D) ☐

3.5 Was there any interference with the pregnancy (may be to terminate it)? (N/Y/D) ☐

3.6 Did she have vaginal bleeding? (N/Y/D) ☐

3.7 a. Did (NAME) have a high-grade fever? (N/Y/D **[IF ANSWER IS "N" OR "D", SKIP TO Q. 3.8]** ☐

b. Was the fever, **1**=Continuous; **2**=On & off; **8**=Don't know? ☐

3.8 Did she have vaginal discharge with bad smell? (N/Y/D) ☐

3.9 Did she have lower abdominal pain? (N/Y/D) ☐

3.10 In your opinion, was this pregnancy a timely/wanted one? (N/Y/D) ☐

[SKIP TO SECTION 4]

DEATH AFTER 20 WEEKS (5 MONTHS) OF PREGNANCY

3.11. Did (NAME) have increased blood pressure (if measured only)? (N/Y/D) ☐

3.12. Did she complain of body swelling (legs, fingers, face, etc) which started during pregnancy? (N/Y/D) ☐

3.13. Did she complain of visual problems? (N/Y/D) ☐

3.14. Did she have any convulsions (non-epileptic fits not seen before pregnancy) within 1 week of her death? (N/Y/D) ☐

3.15. Was she diagnosed with malaria before her death? (N/Y/D) ☐

3.16. Was she diagnosed to have anemia? (N/Y/D) ☐

3.17. Did she have a recurrent painful vaginal bleeding while pregnant that continued until time of death? (N/Y/D) ☐

3.18. Was there a history of caesarian section during previous pregnancies? (N/Y/D) ☐

3.19. Did she have labor pains before she died? (N/Y/D) **[IF ANSWER IS "N" OR "D", SKIP TO Q. 3.21]** ☐

3.20. Was the labor prolonged (>24 hours in women delivering for the first time and >8-10 hours in repeat pregnancies)? (N/Y/D) ☐

3.21. Did she die before the baby was delivered? (N/Y/D) ☐

3.22. Did she have any previous complicated delivery? (N/Y/D) ☐

[SKIP TO SECTION 4]

DEATH WITHIN 42 DAYS (6 WEEKS) AFTER DELIVERY/PREGNANCY ENDING

3.23. What was the outcome of the pregnancy? (LBR=Livebirth; STB=Stillbirth; MIS=Miscarriage; ABT=Abortion) ☐☐☐

3.24. How many days/weeks before her death did the delivery occur/pregnancy end?
RECORD D=DAYS, W=WEEKS IN 1st BOX AND DURATION IN LAST 2 BOXES ☐☐☐

3.25 Where did the delivery occur/pregnancy end? (1=Hospital; 2=Health facility within the slum; 3=Other health facility outside slum; 4=Home; 5=Other……; 8=Don't know) ☐

CHECK Q. 3.23. [IF ANSWER IS "MIS" OR "ABT", SKIP TO SECTION 4]

3.26. Was the labor prolonged (>24 hours in women delivering for the first time and >8-10 hours in repeat pregnancies)? (N/Y/D) ☐

3.27. What was the mode of delivery? (1=SPONTANEOUS NORMAL VAGINAL DELIVERY; 2=VACUUM/FORCEPS; 3=CEASAREAN SECTION; 8=DON'T KNOW) ☐

3.28. Did she bleed heavily after birth? (N/Y/D) ☐

CHECK QUESTION 3.27. [IF ANSWER IS 3, SKIP TO Q. 3.30]

3.29. Was the placenta delivered within 1 hr after childbirth? (N/Y/D) ☐

3.30. Did she have high-grade fever after delivery? (N/Y/D) ☐

'3.31. Did the lochia change smell? (N/Y/D) ☐

3.32. Did the deceased have increased blood pressure (if measured only)? (N/Y/D) ☐

3.33. Did she have any convulsions (body spasms that were not seen before pregnancy) within one week of her death? (N/Y/D) ☐

3.34. Did she have any previous complicated delivery? (N/Y/D) ☐

SECTION 4: TREATMENTS AND RECORDS

I would like to ask a few questions about any drugs that (NAME) may have received during the illness that led to his/her death

4.1. Did (NAME) receive any of the following drugs before his/her death:

a. Antibiotics? (N/Y/D) ☐

b. Antimalarials (e.g., Chloroquine, Fansidar, Quinine, Artemisinin, etc)? (N/Y/D) ☐

c. Painkillers/Fever reliever (e.g., Aspirin, Paracetamol, Ibuprofen, etc)? (N/Y/D) ☐

d. Others (specify) ……..……..……..……..…… ☐

4.2. Do you have any health records that belonged to (NAME)? (0=NO; 1=YES, SEEN; 2=YES, BUT NOT SEEN; 8=DON'T KNOW) ☐

[IF ANSWER IS "0", "2" OR "8", SKIP TO Q. 4.3]

	Date	Weight (KG)
a. Date and most recent Weight on health records	☐☐☐☐☐☐☐☐	☐☐☐
b. Date and 2nd most recent Weight on health records	☐☐☐☐☐☐☐☐	☐☐☐
c. Date of last entry on the medical record	☐☐☐☐☐☐☐☐	

d. Record what is written on the medical record

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4.3. Was a death certificate issued? (0=NO; 1=YES, SEEN; 2=YES, BUT NOT SEEN; 8=DON'T KNOW) ☐

[IF ANSWER IS "0", "2" OR "8", SKIP TO Q. 4.5]

4.4. Record the information below from the death certificate:

a. Immediate cause of death ……

b. Underlying cause of death ……..

4.5 RECORD ANY GENERAL COMMENTS…...……

……

4.6. END TIME ☐☐☐☐

5.0 OFFICE/FIELD CHECK DETAILS

5.1 FIELD SUPERVISOR/TEAM LEADER CODE ☐☐

5.2 DATA ENTRY CLERK'S CODE ☐☐