

**AFRICAN POPULATION AND HEALTH RESEARCH CENTRE
NAIROBI SLUM DEMOGRAPHIC SURVEILLANCE SYSTEM
VERBAL AUTOPSY QUESTIONNAIRE**

A.1 START TIME

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A.2 FIELD WORKER'S CODE

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A.3 DATE OF INTERVIEW

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A.4. NAME OF DECEASED PERSON _____

A.5 ID OF DECEASED PERSON

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A.6 HOUSEHOLD ID

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A.7. DATE OF BIRTH FOR DECEASED PERSON

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A.8. DATE OF DEATH

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A.9. GENDER OF DECEASED PERSON (F=FEMALE; M=MALE)

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A.10. ID OF ROOM WHERE THE DECEASED USED TO SLEEP

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B. RESPONDENT'S PARTICULARS

B.1 RESPONDENT'S NAME _____

B.2 RESPONDENT'S ID

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B.3 WAS THE RESPONDENT TAKING CARE OF/LIVING WITH THE DECEASED AT THE TIME OF
(NAME'S) ILLNESS OR (NAME)'S DEATH?

(1=YES, THROUGHOUT ILLNESS DURATION; 2=YES, FOR PART OF THE ILLNESS DURATION; 3=NO)

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B.4 RESPONDENT'S RELATIONSHIP TO DECEASED (GET CODE FROM ¹) (OTH _____)

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C. OFFICE/FIELD CHECK DETAILS

C.1 FS CODE & CHECK DATE

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C.2 OFFICE CODE & CHECK DATE

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¹ **RELATIONSHIPS:** AUN= AUNT; BIL=BROTHER-IN-LAW; BRO= BROTHER; CHD = CHILD; COU=COUSIN;
CWF = CO-WIFE; DIL = DAUGHTER-IN-LAW; GCH = GRAND CHILD; GDP = GRAND PARENT; HUS = HUSBAND;
NEP= NEPHEW; NIE=NIECE; NRL = NOT RELATED; PAR = PARENT; PIL = PARENT-IN-LAW; SIL=SISTER-IN-LAW;
SIS=SISTER; SOL= SON-IN-LAW; STP=STEP CHILD; UNC=UNCLE; UNK = UNKNOWN RELATION; WIF = WIFE;
OTH = OTHER (SPECIFY _____)

**NOTE: THROUGHOUT THIS QUESTIONNAIRE USE "Y" FOR YES; "N" FOR NO, AND "D" FOR DON'T
KNOW FOR ALL QUESTIONS REQUIRING YES-NO-DONT KNOW RESPONSES**

1.4. FOR EACH OF THE SYMPTOMS/CONDITIONS LISTED BELOW, RECORD “Y” IF IT WAS MENTIONED IN 1.3 AND “N” IF NOT. (DO NOT READ OUT THE SYMPTOMS, USE ANSWERS IN 1.3 TO GUIDE YOU THROUGHOUT THE REST OF THE INTERVIEW).

- a. ACCIDENT.....
- b. AIDS.....
- c. BORN PREMATURE.....
- d. CHOLERA.....
- e. COMA.....
- f. COMPLICATED DELIVERY.....
- g. COUGH.....
- h. DIARRHOEA.....
- i. DIFFICULT BREATHING.....
- j. DYSENTRY.....
- k. FEVER.....
- l. FIT/CONSULSION
- m. INJURY.....
- n. JAUNDICE.....
- o. KWASHIORKOR.....
- p. MALARIA.....
- q. MALFORMATION.....
- r. MARASMUS.....
- s. MEASLES.....
- t. MENINGITIS.....
- u. MULTIPLE BIRTH
- v. PNEUMONIA.....
- w. RAPID BREATHING.....
- x. RASH.....
- y. STIFF NECK.....
- z. TETANUS.....
- aa. TUBERCULOSIS (TB)
- bb. TYPHOID.....
- cc. VERY SMALL AT BIRTH.....
- dd. VERY THIN.....
- ee. VOMITING.....
- ff. OTHERS (SPECIFY)

[illegible]

1.5 FOR HOW LONG WAS (NAME OF DECEASED PERSON) ILL BEFORE HE/SHE DIED?
(**RECORD D=DAYS, M=MONTHS, Y=YEARS IN 1ST BOX AND DURATION IN LAST 2 BOXES**)

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1.6 WAS HEALTH CARE SOUGHT WHILE (NAME OF DECEASED PERSON) WAS SICK?

GO TO Q. 1.8 IF THE ANSWER IS "N" OR "D"

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1.7. WAS CARE SOUGHT IN ANY OF THE FOLLOWING HEALTH PROVIDERS/FACILITIES?

- A. GOVERNMENT HOSPITAL.....
- B. GOVERNMENT HEALTH CENTER/CLINIC (INCLUDING CITY COUNCIL CLINICS).....
- c. PRIVATE HEALTH CENTER/CLINIC.....
- d. TRADITIONAL HEALER.....
- e. RELIGIOUS HEALER.....
- f. PHARMACY/DRUG SELLER/STORE/MARKET.....
- g. NGO/RELIGIOUS HEALTH CENTER.....
- h. OTHER (SPECIFY _____)

1.8 DID THE DEATH RESULT FROM AN ILLNESS OR AN INJURY/ACCIDENT?
(**ILLNESS=1, ACCIDENT/INJURY=2**). **SKIP TO Q. 1.10 IF THE ANSWER IS 2**

1.9 WHAT DO YOU THINK WAS THE ILLNESS THAT CAUSED HIS/HER DEATH?

- A. AIDS/HIV.....
- B. CHOLERA.....
- C. DYSENTRY.....
- D. KWASHIOKOR.....
- E. MALARIA.....
- F. MARASMUS.....
- G. MEASLES.....
- H. PNEUMONIA.....
- I. TETANUS.....
- J. TYPHOID.....
- K. TUBERCULOSIS (TB)
- L. OTHER (SPECIFY _____)

GO TO Q1.11 (I.E. THE DEATH WAS CAUSED BY AN ILLNESS)

1.10 WAS DEATH DUE TO ANY OF THE FOLLOWING INJURIES/ACCIDENTS?

(READ OUT ALL OPTIONS: Y= YES; N= NO, D=DON'T KNOW)

- a. VEHICLE ACCIDENT.....
- b. FALL.....
- c. DROWNING.....
- d. POISONING.....
- e. ALCOHOL/DRUG OVERDOSE.....
- f. MUGGING/SHOOTING.....
- g. BITE OR STING BY VENOMOUS ANIMALS.....
- h. BURN.....
- i. VIOLENCE.....
- j. SUICIDE.....
- k. OTHER (Specify.....)

1.11. WHAT WAS THE MOST IMMEDIATE CAUSE OF DEATH (IN Q.1.9 or 1.10)?

[RECORD THE QUESTION NUMBER AND LETTER FOR THE IMMEDIATE CAUSE]

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1.12. HOW LONG DID THE DECEASED SURVIVE THE IMMEDIATE CAUSE ABOVE (Q1.11) BEFORE DEATH?

(1=LESS THAN 24 HOURS; 2=1 DAY OR MORE; 8=DK)

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SECTION 2: FOR ALL DEATHS UNDER FIVE YEARS OF AGE

IF DEATH OCCURRED AT AGE 5 YEARS OR OLDER → GO TO SECTION 3

IF DEATH OCCURRED AT AGE 1 YEAR OR OLDER → GO TO Q2.14

A: BIRTH CIRCUMSTANCES

2.1 WAS THE CHILD A SINGLETON OR MULTIPLE BIRTH? (SINGLE=1; MULTIPLE BIRTH=2)

2.2 DID THE PREGNANCY END EARLY, ON TIME, OR LATE? (EARLY=1; ON TIME=2; LATE=3; DON'T KNOW=8)

2.3 WAS THE PREGNANCY COMPLICATED (YES=Y, NO=N, DON'T KNOW=D)... (IF ANSWER IS N OR D SKIP TO Q 2.5)

- A. FROM 20 WEEKS ONWARD.....
- B. DURING LABOR.....
- C. DURING/AFTER DELIVERY.....

2.4 IF YES, DID ANY OF THE FOLLOWING OCCUR? (READ OUT EACH OF THE ITEMS)

- A. MOTHER HAD CONVULSIONS/ FITS.....
- B. CHILD'S FEET/BUTTOCKS DELIVERED FIRST.....
- C. THERE WAS EXCESSIVE BLEEDING DURING PREGNANCY OR DELIVERY.....
- D. EMERGENCY CAESAREAN SECTION WAS DONE.....
- E. WATER BROKE MANY HOURS OR DAYS BEFORE LABOR BEGAN.....
- F. LABOR WAS LONG (> 24 HOURS FOR FIRST-TIMERS AND > 8-10 HOURS FOR REPEATERS)

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C: IF THE CHILD DIED BETWEEN 28 DAYS AND ONE YEAR OF AGE, GO TO 2.14

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p.	DIARRHOEA (USE LOCAL TERM FOR DIARRHEA) (IF BOTH o AND p ARE "N" OR "D", GO TO Q. u).		
q.	FOR HOW MANY DAYS DID HE/SHE HAVE LOOSE OR LIQUID STOOLS? (21=21 AND +, 88=DK)		
r.	DO YOU THINK THAT THIS REPRESENTED MORE OR LESS LOOSE/LIQUID STOOL WAS THERE VISIBLE BLOOD IN THE LOOSE/LIQUID STOOLS?		
s.	DURING THE TIME WITH LOOSE/LIQUID STOOLS, DID THE CHILD DRINK ORS?.....		
t.	COUGH (IF ANSWER IS "N=NO" OR "D=DK" GO TO Q.w)		
u.	HOW MANY DAYS DID THE COUGH LAST?(IN DAYS, 21=21AND +, 88=DK)		
v.	DIFFICULT BREATHING (IF ANSWER IS "N=NO" OR "D=DK" GO TO Q.y).....		
w.	HOW MANY DAYS DID THE DIFFICULT BREATHING LAST? (IN DAYS, 21=21AND ABOVE, 88=DK).....		
x.	RAPID BREATHING (IF ANSWER IS "2=NO" OR "8=DK" GO TO Q.aa)		
y.	HOW MANY DAYS DID THE RAPID BREATHING LAST?(IN DAYS , 21=21 AND ABOVE, 88= DK)		
z.	SPASMS OR CONVULSIONS/FITS.....		
aa.	UNRESPONSIVENESS/UNCONSCIOUS.....		
bb.	BULGING FONTANELLE.....		
cc.	DID. (NAME) STOP BEING ABLE TO GRASP (IF ANSWER IS "N=NO" OR "D=DK" GO TO Q.ff)		
dd.	HOW LONG BEFORE SHE/HE DIED DID THE CHILD STOP BEING ABLE TO GRASP?		
ee.	(1=LESS THAN 12 HOURS; 2=12 HOURS OR MORE; 8=DK)		
ff.	STOP BEING ABLE TO RESPOND TO A VOICE (IF ANSWER IS "N=NO" OR "D=DK" GO TO Q.hh)		
gg.	HOW LONG BEFORE SHE/HE DIED DID THE CHILD STOP BEING ABLE TO RESPOND TO VOICE?		
hh.	(1=LESS THAN 12 HOURS; 2=12 HOURS OR MORE; 8=DK)		
ii.	STOP BEING ABLE TO FOLLOW MOVEMENTS WITH HIS/HER EYES		
jj.	(IF ANSWER IS "N=NO" OR "D=DK" GO TO Q.jj)		
kk.	HOW LONG BEFORE SHE/HE DIED DID THE CHILD STOP BEING ABLE TO FOLLOW MOVMENTS WITH HIS/HER EYES.....? (1=LESS THAN 12 HOURS; 2=12 HOURS OR MORE; 8=DK)		
ll.	STIFF NECK.....		
mm.	SKIN RASH (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.qq).		
nn.	WAS RASH ALL OVER DECEASED'S BODY?		
oo.	WAS RASH ALSO ON DECEASED'S FACE?		
pp.	HOW MANY DAYS DID THE RASH LAST? (IN DAYS, 21=21 AND ABOVE, 88=DK).....		
qq.	DID THE RASH HAVE BLISTERS CONTAINING CLEAR FLUID?.....		
rr.	DID THE SKIN CRACK/SPLIT OR PEEL AFTER THE RASH STARTED?.....		
ss.	WAS THIS ILLNESS MEASLES?.....		
tt.	DID THE CHILD BECOME VERY THIN?.....		
uu.	DID THE CHILD HAVE SWOLLEN LEGS OR FEET? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.ww)		
vv.	HOW MANY DAYS DID THE SWELLING OFLEGS/FEET LAST? (IN DAYS, 21=21 AND ABOVE, 88=DK)		

- uu. WAS THE SKIN FLAKED OFF IN PATCHES?
- vv. DID THE HAIR CHANGED IN COLOUR TO A REDDISH (OR YELLOWISH) COLOUR?.....
- ww. DID THE CHILD HAVE KWASHIORKOR DURING THE MONTH BEFORE HE/SHE DIED?.....
- xx. DID THE CHILD HAVE MARASMUS DURING THE MONTH BEFORE HE/SHE DIED?.....
- yy. DID HE/SHE SUFFER FROM “LACK OF BLOOD” OR “PALLOR”?
- zz. DID THE CHILD HAVE PALE PALMS?.....
- aaa. WAS THE CHILD KNOWN (DIAGNOSED) TO HAVE ANEMIA?
- bbb. DID THE CHILD HAVE WHITE NAILS?
- ccc. WAS THERE A SWELLING IN ARMPITS?.....
- ddd. DID HE/SHE HAVE SWELLING IN THE GROINS?.....
- eee. DID HE/SHE HAVE WHITISH RASH INSIDE THE MOUTH OR ON THE TONGUE?.....
- fff. DID THE CHILD HAVE CHRONIC COUGH? ...*(IF ANSWER IS ‘N=NO’ OR ‘D=DK’, GO TO iii).*
- ggg. WAS IT PRODUCTIVE OF YELLOWISH SPUTUM?.....
- hhh. DID HE/SHE COUGH BLOOD?.....
- iii. DID HE/SHE HAVE NIGHT SWEATS?.....
- jjj. DID THE CHILD HAVE SHORTNESS OF BREATH?.....
- kkk. DID THE CHILD HAVE CHEST PAIN?
- lll. DID HE/SHE HAVE FEVER? *(IF ANSWER IS ‘N=NO’ OR ‘D=DK’, GO TO Q.ooo).....*
- mmm. WAS THE FEVER HIGH OR LOW-GRADE *(LOW=1; HIGH=2; DON’T KNOW=8).....*
- nnn. WAS THE FEVER CONTINUOUS OR INTERMITTENT? *(CONTINUOUS=1; INTERMITTENT=2)...*
- ooo. WAS MALARIA DIAGNOSED BEFORE THE CHILD DIED?

2.15 RECORD ANY OTHER CONFIRMED ILLNESS BY CERTIFIED HEALTH PROFESSIONAL (DOCTOR)
IN THE SPACE BELOW

GO TO SECTION 5 (I.E. FOR ALL DEATHS UNDER AGE 5).

SECTION 3: ALL DEATHS ABOVE AGE 5

Round 1

3.1 DID THE DECEASED HAVE ANY OF THE FOLLOWING BEFORE HE/SHE DIED?

- a. HYPERTENSION.....
- b. DIABETES.....
- c. EPILEPSY.....
- d. TB.....
- e. HIV/AIDS.....
- f. HEART DISEASE.....
- g. KIDNEY DISEASE.....
- h. OTHERS (SPECIFY _____)

3.2 DID SHE/HE HAVE FEVER ? *(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO 3.3)*

- a. HOW MANY DAYS DID THE FEVER LAST? *(IN DAYS, 21=21DAYS AND +, 88=DK)*...
- b. WAS THE FEVER 1=SEVERE OR 2=MILD OR 8=DK?
- c. WAS THE FEVER 1=CONTINUOUS OR 2=ON & OFF OR 8=DK?.....
- d. BACKPAIN AND MYALGIA.....

3.3 DID SHE/HE HAVE A RASH? *(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.4)*.....

- a. HOW MANY DAYS DID THE RASH LAST? *(IN DAYS, 21=21DAYS AND +, 88=DK)*.....
- b. WAS THE RASH 1=SEVERE OR 2=MILD?.....
- c. WHAT DID THE RASH LOOK LIKE? *(1=MEASLES RASH; 2=RASH WITH CLEAR FLUID; 3=RASH WITH PUS; 4=OTHER _____)*.....
- d. WHERE WAS THE RASH LOCATED? *(1= ON THE FACE; 2= BODY TRUNK; 3= MOUTH; 4= OTHER PLACE [SPECIFY] _____; 8= NOT KNOWN)*...
- e. WAS THE RASH PAINFUL ?
- f. DID SHE/HE HAVE SORE EYES TOO?
- g. DID SHE/HE HAVE ITCHING OF THE SKIN?

3.4 HAD SHE/HE LOST WEIGHT BEFORE DEATH? *(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.5)*

- a. WAS THE WEIGHT LOSS 1=SEVERE OR 2=MODERATE?

3.5 SWELLING.....

- a. DID HE/SHE HAVE SWELLING AROUND ANKLE? *(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.c)*
- b. HOW LONG DID THE SWELLING LAST? *(IN DAYS, 21=21DAYS AND +, 88=DK)*
- c. DID HE/SHE HAVE PUFFINESS OF THE FACE?
- d. SWELLING OF ARMPIT.....
- e. SWELLING OF GROIN
- f. OTHER SWELLING OR ULCER.....

3.6 DID HE/SHE HAVE DARK COLORED URINE (COCA-COLA LIKE)?.....

3.7 DID HE/SHE LOOK PALE (ANAEMIC)?		
3.8 DID HE/SHE HAVE YELLOW EYES?		
3.9 DID DECEASED HAVE COUGH? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.10).....		
a. HOW MANY DAYS DID THE COUGH LAST? (IN DAYS, 21=21 AND +, 88=DK)		
b. WAS THE COUGH PRODUCTIVE (SPUTUM)?		
c. DID HE/SHE COUGH BLOOD?		
3.10 DID SHE/HE HAVE SHORTNESS OF BREATH? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.11)...		
a. HOW MANY DAYS DID THE BREATHLESSNESS LAST? (IN DAYS, 21= 21 AND +, 88=DK).....		
3.11 DID SHE/HE HAVE CHEST PAIN ? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.12).....		
a. WHERE WAS THE PAIN? (1=UPPER LEFT, 2=LOWER LEFT, 3=UPPER RIGHT, 4=LOWER RIGHT, 5=CENTER, 6 = WHOLE CHEST; 8=DK).....		
b. WAS THE PAIN 1=CONTINUOUS OR 2=ON & OFF OR 8= DK?		
3.12 DID SHE/HE HAVE DIARRHOEA? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.13)		
a. WAS THE DIARRHOEA SEVERE?		
b. HOW MANY DAYS DID THE DIARRHOEA LAST? (IN DAYS, 21=21 AND +, 88=DK).....		
c. WAS THE DIARRHOEA 1=CONTINUOUS OR 2=ON & OFF OR 8=DK?.....		
d. ON THE AVERAGE, HOW MANY TIMES DID HE/SHE PASS STOOL A DAY? (# OF TIMES; 88= DK).....		
e. DID HE/SHE PASS BLOOD IN THE STOOL?		
3.13 DID SHE/HE HAVE VOMITING? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.14).....		
a. HOW MANY DAYS DID THE VOMITING LAST? (IN DAYS, 21=21 AND +, 88= DK)		
b. WAS THE VOMITING 1=CONTINUOUS OR 2=ON & OFF OR 8=DK?		
c. HOW MANY TIMES DID HE/SHE VOMIT A DAY? (8=DK).....		
d. WHAT DID THE VOMITUS LOOK LIKE? (1=WATERY FLUID, 2=YELLOWISH FLUID, 3=COFFEE COLORED FLUID, 4=BLOODY, 5=FOOD PARTICLES, 6=OTHER _____), 8=DK		
3.14 DID SHE/HE HAVE ABDOMINAL PAIN? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.15)		
a. WHAT WAS THE TYPE OF PAIN? (1=CRAMP, 2=DULL ACHE, 3=BURNING PAIN, 4=OTHER, 8=DK).....		
b. WAS THE PAIN 1=CONTINUOUS OR 2=ON & OFF OR 8=DK?		
c. HOW MANY DAYS DID THE PAIN LAST? (IN DAYS, 21= 21 DAYS AND +, 88= DK).....		
d. WHERE EXACTLY WAS THE PAIN? (1= LOWER ABDOMEN; 2= UPPER ABDOMEN; 3= ALL OVER ABDOMEN; 4= OTHER PLACES _____) 8=DK).....		
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)		
3.15 DID SHE/HE HAVE DISTENSION OF ABDOMEN? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.16).....		
a. WAS THE DISTENSION OF THE ABDOMEN PAINFUL?		
b. WHAT WAS THE TYPE OF PAIN? (1=CRAMP, 2=DULL ACHE, 3=BURNING PAIN, 4=OTHER, 8=DK)...		
c. DID THE DISTENSION DEVELOP 1=RAPIDLY OR 2=SLOWLY OVER TIME OR 8=DK?.....		
d. HOW MANY DAYS DID THE DISTENSION OF THE ABDOMEN LAST? (IN DAYS, 21= 21AND +, 88=DK).		

- 3.16 DID THE DECEASED HAVE ANY HARD SWELLING IN THE ABDOMEN?
(IF ANSWER IS 'N=NO' OR 'D=DK' GO TO Q 3.17)
- a. WHERE EXACTLY WAS THE SWELLING? (1= **RIGHT UPPER ABDOMEN**; 2= **LEFT UPPER ABDOMEN**;
3= **LOWER ABDOMEN**; 4 = **OTHER PLACES**; 8 = **DK**)
.....
- 3.17 DID THE DECEASED HAVE DIFFICULTY IN SWALLOWING? *(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.18)*
- a. HOW MANY DAYS DID HE/SHE HAVE DIFFICULTY SWALLOWING? (21=21 DAYS AND ABOVE; 88=DK)
- 3.18 DID SHE/HE HAVE HEADACHE?
- 3.19 DID SHE/HE HAVE STIFF NECK? *(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.20)*.....
- a. FOR HOW MANY DAYS DID HE/SHE HAVE STIFF NECK? (IN DAYS, 21= 21 AND +, 88= DK).....
- 3.20 DID SHE/HE EXPERIENCE UNCOUNCIOUSNESS? *(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.21)*
- a. DID THE UNCOUNCIOUSNESS START 1=SUDDENLY OR 2=SLOWLY OVER A FEW DAYS OR 8=DK?.....
- 3.21 DID SHE/HE HAVE FITS? *(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.22)*.....
- a. HOW MANY DAYS DID SHE/HE HAVE FITS? (IN DAYS, 21= 21 DAYS AND +, 88= DK)
- b. WHEN THE FITS WERE MOST FREQUENT, HOW MANY FITS PER DAY DID SHE/HE HAVE?.....
- c. BETWEEN FITS, WAS SHE/HE 1=AWAKE OR 2=UNCONSCIOUS OR 8= DK?.....
- 3.22 DID SHE/HE HAVE DIFFICULTY IN OPENING THE MOUTH? *(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q3.23)*
- d. FOR HOW LONG DID HE/SHE HAVE DIFFICULTY TO OPEN THE MOUTH? (IN DAYS; 21=21 AND ABOVE; 88=DK)..
- 3.23 DID SHE/HE HAVE STIFFNESS IN THE WHOLE BODY? *(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.24)*
- a. HOW MANY DAYS DID THE BODY STIFFNESS LAST? (IN DAYS, 21= 21 DAYS AND +, 88=DK)...
- b. DID THE STIFFNESS DEVELOP 1=RAPIDLY OR 2=SLOWLY OVER TIME OR 8= DK?.....
- 3.24 DID THE DECEASED HAVE PARALYSIS? *(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.25)*.....
- a. WHERE WAS THE PARALYSIS? (1= **BOTH LIMBS**; 2= **ONE LIMB**; 3= **BOTH LIMBS AND ARMS**; 4= **ONE LIMB AND ONE ARM**; 5= **FAILED TO CONTROL URINE & FECES**; 8= **DK**)
- b. HOW LONG DID THE PARALYSIS LAST? (IN DAYS; 21=21 AND ABOVE; 88= DK).....

3.25 WAS THERE A CHANGE IN THE AMOUNT OF URINE JUST BEFORE DEATH?

(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.26)

- a. HOW MUCH URINE DID THE DECEASED PASS PER DAY? (1= TOO MUCH; 2= TOO LITTLE; 3= NO URINE AT ALL; 8= DK)
- b. HOW LONG DID THE CHANGE IN URINE AMOUNT LAST? (IN DAYS; 21=21 AND ABOVE; 88= DK).

3.26 DID THE DECEASED STOP PASSING STOOL BEFORE HE/SHE DIED?

(IF ANSWER IS '2=NO' OR '8=DK', GO TO Q.3.27)

- a. HOW MANY DAYS DID THE PERSON STOP PASSING STOOL BEFORE HE/SHE DIED? (IN DAYS; 21=21 AND ABOVE; 88= DK)

3.27. DID SHE/HE HAVE ANY SURGERY/OPERATION?

(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q 3.28)

- a. HOW MANY DAYS BEFORE HIS/HER DEATH DID SHE/HE HAVE THE SURGERY? (IN DAYS; 21=21 AND ABOVE; 88= DK)
- b. WHERE DID SHE HAVE THE SURGERY
(1=HOSPITAL, 2=HEALTH FACILITY WITHIN THE SLUM, 3=OTHER HEALTH FACILITY OUTSIDE SLUM; 4=OTHER, 8=DK)

3.28 DID THE DECEASED EVER COMPLAIN OF HEART ATTACK?

(IF ANSWER IS 'N=NO' OR 'D=DK', DO TO Q 3.29)

- a. DID HE/SHE COMPLAIN OF TIREDNESS DURING EXERCISE?
- b. DID HE/SHE COMPLAIN OF TIREDNESS WHILE LYING DOWN?
- c. DID HE/SHE USED TO WAKE UP DURING THE NIGHT SHORT OF BREATH?
- d. DID HE/SHE EVER COMPLAIN OF PAROXYSMAL TACHYCARDIA (SUDDEN RAPID HEART BEATS LASTING FOR SOME MINUTES OR AN HOUR)?

3.29 DID THE DECEASED HAVE ANY ABNORMAL SWELLING/GROWTH IN ANY PART OF THE BODY

(EXCLUDING THE ABDOMEN)? (END THIS SECTION IF THE ANSWER IS N= NO; OR D= DK)

- a. DID THE SWELLING/GROWTH PERSIST UNTIL THE TIME OF DEATH?
(END THIS SECTION IF ANSWER IS 'N=NO' OR 'D=DK')

THE FOLLOWING SECTION (SECTION 4) SHOULD BE FILLED OUT FOR DECEASED FEMALES WITHIN THE 12-49 AGE RANGE, WHO DIED WHILE PREGNANT OR WITHIN 6 WEEKS AFTER DELIVERY OR TERMINATION OF THEIR PREGNANCY; OTHERWISE, GO TO SECTION 5.

SECTION 4: FOR DECEASED FEMALES WITHIN THE 12-49 AGE RANGE, WHO DIED WHILE PREGNANT OR WITHIN 6 WEEKS AFTER DELIVERY OR TERMINATION OF THEIR PREGNANCY

4.1 WAS SHE PREGNANT AT THE TIME OF HER DEATH?

(IF THE ANSWER IS 'N=NO' OR 'D=DK', GO TO Q4.26).....

4.2 HOW MANY MONTHS WAS SHE PREGNANT? (PROBE TO MAKE AN ESTIMATE)

GO TO Q. 4.3, IF PREGNANCY WAS ≤ 5 MONTHS AND TO Q4.10 IF MORE

DEATH BEFORE 20 WEEKS (5 MONTHS) OF PREGNANCY

4.3 WAS THE PREGNANCY DIAGNOSED OR VISIBLE?.....

4.4 WAS THERE ANY INTERFERENCE WITH THE PREGNANCY (MAY BE TO TERMINATE IT)?.....

4.5 DID SHE HAVE VAGINAL BLEEDING?

4.6 DID SHE HAVE A HIGH-GRADE FEVER? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.4.7).....

a. WAS THE FEVER CONTINUOUS OR INTERMITTENT? (CONTINUOUS=1; INTERMITTENT=2; 8= DK)

4.7 DID SHE HAVE VAGINAL DISCHARGE WITH BAD SMELL?

4.8 DID SHE HAVE LOWER ABDOMINAL PAIN?

4.9 WAS THE PARTICULAR PREGNANCY A TIMELY/WANTED ONE IN YOUR OPINION?.....

DEATH AFTER 20 WEEKS OF PREGNANCY

4.10 DID THE DECEASED HAVE INCREASED BLOOD PRESSURE (IF MEASURED ONLY)?.....

4.11 DID THE DECEASED COMPLAIN OF BODY SWELLING (LEGS, FINGERS, FACE, ETC)?

4.12 DID SHE COMPLAIN OF VISUAL DISTURBANCES?

4.13 DID SHE HAVE ANY CONVULSIONS (NON-EPILEPTIC FITS NOT SEEN BEFORE PREGNANCY) WITHIN ONE WEEK OF HER DEATH?

4.14 WAS THE DECEASED DIAGNOSED WITH MALARIA BEFORE HER DEATH?

4.15 WAS THE DECEASED SHORT OF BREATH DURING PREGNANCY, OR DIAGNOSED TO HAVE ANEMIA?...

4.16 DID THE DECEASED COMPLAIN OF STIFF NECK?

4.17 WAS THERE AN ACCIDENT OR INTENTIONAL INJURY SUCH AS HOMICIDE OR SUICIDE THAT LED TO HER DEATH?

4.18 DID SHE LOSE HER CONSCIOUSNESS (WAS IN COMA) DAYS BEFORE DEATH?

4.19 DID THE DECEASED HAVE YELLOWISH DISCOLORATION OF EYES DAYS BEFORE DEATH WHILE PREGNANT? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.4.21).....

4.20 DID SHE HAVE DARK URINE WHILE EXPERIENCING THE ABOVE SYMPTOM?

4.21 DID SHE HAVE A RECURRENT PAINFUL VAGINAL BLEEDING WHILE PREGNANT THAT CONTINUED UNTIL THE TIME OF DEATH?

4.22 WAS THERE A HISTORY OF CAESARIAN SECTION DURING PREVIOUS PREGNANCIES?

4.23 DID SHE HAVE LABOR BEFORE SHE DIED? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.4.24)

a. WAS THE LABOR PROLONGED (≥24 HOURS IN FIRST TIMERS AND ≥8-10 HOURS IN REPEAT PREGNANCIES)?

4.24 DID SHE DIE BEFORE THE BABY WAS DELIVERED?

4.25 DID SHE HAVE ANY PREVIOUS COMPLICATED DELIVERY ?.....

DEATH WITHIN 42 DAYS (6 WEEKS) OF PREGNANCY TERMINATION

4.26 WHAT WAS THE OUTCOME OF THE PREGNANCY? (*LBR=LIVEBIRTH; STB=STILLBIRTH, MIS=MISCARRIAGE; ABT=ABORTION*)

4.27 HOW MANY DAYS/WEEKS BEFORE HER DEATH DID THE PREGNANCY TERMINATE ? ...

4.28 WHERE DID THE PREGNANCY TERMINATE _____?
(*1=HOSPITAL; 2=OTHER HEALTH FACILITY WITHIN THE SLUM, 3=OTHER HEALTH FACILITY OUTSIDE SLUM, 4= HOME, 5=OTHER* _____,

(IF PREGNANCY OUTCOME IN IS MIS OR ABT GO TO SECTION 5)

4.29 WAS THE LABOR PROLONGED (≥ 24 HOURS IN FIRST TIMERS AND $\geq 8-10$ HOURS IN REPEAT PREGNANCIES)?

4.30 WHAT WAS THE MODE OF DELIVERY? (*1=SPONTANEOUS VAGINAL, 2=VACUUM/FORCEPS, 3=CEASARIAN*)

4.31 DID SHE BLEED HEAVILY AFTER BIRTH?

4.32 WAS THE PLACENTA DELIVERED WITHIN 1 HR AFTER CHILDBIRTH?

4.33 DID SHE HAVE HIGH-GRADE FEVER AFTER DELIVERY?

4.35 DID THE LOCHIA HAVE BAD SMELL?

4.36 DID THE DECEASED HAVE INCREASED BLOOD PRESSURE (IF MEASURED ONLY)?.....

4.37 DID SHE HAVE ANY CONVULSIONS (BODY SPASMS THAT WERE NOT SEEN BEFORE PREGNANCY) WITHIN ONE WEEK OF HER DEATH?

4.38 DID SHE LOOSE HER CONSCIOUSNESS (WAS IN COMA) DAYS BEFORE DEATH?

4.39 DID SHE HAVE ANY PREVIOUS COMPLICATED DELIVERY ?

GO TO SECTION 5

SECTION 5: TREATMENT AND RECORDS

I WOULD LIKE TO ASK A FEW QUESTIONS ABOUT ANY DRUGS THAT THE DECEASED MAY HAVE RECEIVED DURING THE ILLNESS THAT LED TO HIS/HER DEATH.

5.1 DID (NAME) RECEIVE ANY OF THE FOLLOWING BEFORE HER DEATH? (**ONLY FOR UNDER FIVE CHILDREN**)
(*N=NO; Y=YES; D=DON'T KNOW*)

- a. ANTIBIOTICS
- b. FANSIDAR, METACELFIN (ANTI MALARIAL)
- c. PARACETAMOL
- d. OTHER (SPECIFY.....)

5.2 DO YOU HAVE ANY HEALTH RECORDS THAT BELONGED TO (NAME)?
(*1=YES, 2=NO, 3=YES, BUT NOT SEEN, 8=NOT KNOWN*) (If "2", "3" OR "8" → Q5.3).....

- a. DATE AND MOST RECENT WEIGHT ON HEALTH RECORDS
(Weight in KG)
- | DATE | | | | | | | | WEIGHT | |
|------|--|--|--|--|--|--|--|--------|--|
| | | | | | | | | | |
- (NWR=NO WEIGHT RECORDED)
- b. DATE AND 2ND MOST RECENT WEIGHT ON HEALTH RECORDS
(Weight in KG)
- | DATE | | | | | | | | WEIGHT | |
|------|--|--|--|--|--|--|--|--------|--|
| | | | | | | | | | |
- (NWR=NO WEIGHT RECORDED)
- c. RECORD THE DATE OF LAST NOTE:
- | | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|
- d. RECORD WHAT IS WRITTEN ON THE HEALTH RECORDS:

5.3 WAS A DEATH CERTIFICATE ISSUED? (1=YES, 2=NO, 3=DEATH CERTIFICATE NOT SEEN, 8=NOT KNOWN) (If "1", "3" OR "8" → END TIME)

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5.4. RECORD THE INFORMATION a-e BELOW FROM THE DEATH CERTIFICATE

- a. IMMEDIATE CAUSE OF DEATH_____
- b. 1ST UNDERLYING CAUSE OF DEATH_____
- c. 2ND UNDERLYING CAUSE OF DEATH_____
- d. 3RD UNDERLYING CAUSE OF DEATH_____
- e. CONTRIBUTING CAUSE(S) OF DEATH_____

5.5 END TIME

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