2012 WHO VERBAL AUTOPSY

SAMPLE QUESTIONNAIRE 3

Death of a person aged 15 years and above

World Health Organization

2012 WHO VERBAL AUTOPSY [FORM 3]
DEATH OF A PERSON AGED 15 YEARS AND ABOVE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 1. BASIC INFORMATION ABOUT THE INTERVIEW AND THE RESPONDENT		
2A120	Name of verbal autopsy interviewer: Surname _____ Name _____	
2A140	RECORD THE DATE OF INTERVIEW	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
2A130	RECORD THE TIME AT START OF INTERVIEW MORNING =1 EVENING=2	MORNING/EVENING ☐ HOUR ☐☐ MINUTES ☐☐
2A100	Name of verbal autopsy respondent: Surname _____ Name _____	
2A110	What is your relationship to the deceased?	FATHER ☐ MOTHER ☐ SPOUSE ☐ SIBLING ☐ OTHER RELATIVE _____ (SPECIFY) ☐ NO RELATION ☐
2A115	Did you live with the deceased in the period leading to her/his death?	YES ☐ NO ☐
SECTION 2. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH		
1A100	What was the name of the deceased? Surname _____ Name _____	
1A110	Was the deceased female or male?	FEMALE ☐ MALE ☐
1A200	Is date of birth known?	YES ☐ NO ☐
1A210	+ When was the deceased born?	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
1A220	Is date of death known?	YES ☐ NO ☐
1A230	+ When did s/he die?	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
1A240	How old was the deceased when s/he died?	AGE IN YEARS ☐☐
1A400	Was this a woman who died more than 42 days but less than 1 year after being pregnant or delivering a baby?	YES ☐ NO ☐ DON'T KNOW ☐
1A500	What was her/his citizenship/nationality?	CITIZEN BY BIRTH ☐ NATURALIZED CITIZ. ☐ ALIEN ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
1A510	What was her/his ethnicity?	ETHNICITY A ETHNICITY B ETHNICITY C OTHER (specify) _____
1A520	What was her/his place of birth? 1 Larger admin area (e.g., province) _____ 2 Smaller admin area (e.g., county) _____ 3 Locality (e.g., city, village) _____ 4 Urban/Rural 5 Other country	LARGER ADMIN AREA SMALLER ADMIN AREA LOCALITY DON'T KNOW URBAN RURAL OTHER COUNTRY (specify) _____
1A530	What was her/his place of usual residence? 1 Larger admin area (e.g., province) _____ 2 Smaller admin area (e.g., county) _____ 3 Locality (e.g., city, village) _____ 4 Urban/Rural 5 Other country	LARGER ADMIN AREA SMALLER ADMIN AREA LOCALITY DON'T KNOW URBAN RURAL OTHER COUNTRY (specify) _____
1A540	What was her/his place of normal residence 1 to 5 years before death? 1 Larger admin area (e.g., province) _____ 2 Smaller admin area (e.g., county) _____ 3 Locality (e.g., city, village) _____ 4 Urban/Rural 5 Other country	LARGER ADMIN AREA SMALLER ADMIN AREA LOCALITY DON'T KNOW URBAN RURAL OTHER COUNTRY (specify) _____
1A550	Where did death occur? 1 Larger admin area (e.g., province) _____ 2 Smaller admin area (e.g., county) _____ 3 Locality (e.g., city, village) _____ 4 Urban/Rural 5 Other country	LARGER ADMIN AREA SMALLER ADMIN AREA LOCALITY DON'T KNOW URBAN RURAL OTHER COUNTRY (specify) _____
1A560	What was the site of death?	HOSPITAL OTHER HEALTH FACILITY HOME OTHER (specify) _____ DON'T KNOW
1A600	What was her/his marital status?	NEVER MARRIED MARRIED/LIVING WITH A PARTNER WIDOWED DIVORCED SEPARATED DON'T KNOW
1A610	What was the date of marriage? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY MONTH YEAR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
1A630	What was the name of the mother? Surname _____ Name _____	
1A620	What was the name of the father? Surname _____ Name _____	
1A640	What was her/his highest level of schooling?	NO FORMAL EDUCATION ☐ PRIMARY ☐ SECONDARY ☐ HIGHER ☐ DON'T KNOW ☐
1A650	Was s/he able to read and write?	YES ☐ NO ☐ DON'T KNOW ☐
1A660	What was her/his economical activity status in year prior to death?	USUALLY ECONOMICALLY ACTIVE MAINLY EMPLOYED ☐ MAINLY UNEMPLOYED ☐ NOT ECONOMICALLY ACTIVE HOME-MAKER ☐ STUDENT ☐ PENSION ☐ OTHER (specify) _____ ☐ DON'T KNOW ☐
1A670	What was her/his occupation, that is, what kind of work did s/he mainly do?	_____ _____ _____
SECTION 3. DEATH REGISTRATION AND CERTIFICATION		
1A700	Death registration number	☐☐☐☐☐
1A710	Date of registration RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
1A720	Place where the death is registered: 1 Larger admin area (e.g., province) _____ 2 Smaller admin area (e.g., county) _____ 3 Locality (e.g., city, village) _____ 4 Urban/Rural 5 Name of local registrar Surname _____ Name _____ DON'T KNOW	☐☐☐ ☐☐☐ ☐☐☐ URBAN ☐ RURAL ☐
1A730	National identification number of deceased	☐☐☐☐☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH		
	Could you tell me about the illness/events that led to her his/death?	
	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT	
	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT	
SECTION 5. CONTEXT AND HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS		
	I would like to ask you some questions concerning the context and previously known medical conditions the deceased had; injuries and accidents that the deceased suffered; and signs and symptoms that the deceased had/showed when s/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the deceased had.	
3A100	Was there any diagnosis of Tuberculosis?	YES ☐ NO ☐ DON'T KNOW ☐
3A110	Was there any diagnosis of HIV/AIDS?	YES ☐ NO ☐ DON'T KNOW ☐
3A120	Did s/he have a recent positive test for Malaria?	YES ☐ NO ☐ DON'T KNOW ☐
3A130	Did s/he have a recent negative test for Malaria?	YES ☐ NO ☐ DON'T KNOW ☐
3A140	Was there any diagnosis of Measles?	YES ☐ NO ☐ DON'T KNOW ☐
3A150	Was there any diagnosis of High Blood Pressure?	YES ☐ NO ☐ DON'T KNOW ☐
3A160	Was there any diagnosis of Heart Disease?	YES ☐ NO ☐ DON'T KNOW ☐
3A170	Was there any diagnosis of Diabetes?	YES ☐ NO ☐ DON'T KNOW ☐
3A180	Was there any diagnosis of Asthma?	YES ☐ NO ☐ DON'T KNOW ☐
3A190	Was there any diagnosis of Epilepsy?	YES ☐ NO ☐ DON'T KNOW ☐
3A200	Was there any diagnosis of Cancer?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3A210	Was there any diagnosis of Chronic Obstructive Pulmonary Disease (COPD)?	YES ☐ NO ☐ DON'T KNOW ☐
3A220	Was there any diagnosis of Dementia?	YES ☐ NO ☐ DON'T KNOW ☐
3A230	Was there any diagnosis of Depression?	YES ☐ NO ☐ DON'T KNOW ☐
3A240	Was there any diagnosis of Stroke?	YES ☐ NO ☐ DON'T KNOW ☐
3A250	Was there any diagnosis of Sickle Cell disease?	YES ☐ NO ☐ DON'T KNOW ☐
3A260	Was there any diagnosis of Kidney disease?	YES ☐ NO ☐ DON'T KNOW ☐
3A270	Was there any diagnosis of Liver disease?	YES ☐ NO ☐ DON'T KNOW ☐
3A280	Did s/he die during the wet season?	YES ☐ NO ☐ DON'T KNOW ☐
3A290	Did s/he die during the dry season?	YES ☐ NO ☐ DON'T KNOW ☐
3A300	For how long was s/he ill before s/he died?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3A310	Did s/he die suddenly?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 6. HISTORY OF INJURIES/ACCIDENTS		
3E100	Did s/he suffer from any injury or accident that led to her/his death? that led to her/his death?	YES ☐ NO ☐ DON'T KNOW ☐
3E110	+ Did s/he suffer from a road traffic accident?	YES ☐ NO ☐ DON'T KNOW ☐
3E120	+ + Was s/he injured as a pedestrian/walking?	YES ☐ NO ☐ DON'T KNOW ☐
3E130	+ + Was s/he injured as an occupant of a car vehicle?	YES ☐ NO ☐ DON'T KNOW ☐
3E140	+ + Was s/he injured as an occupant of a bus/heavy transport vehicle?	YES ☐ NO ☐ DON'T KNOW ☐
3E150	+ + Was s/he injured as a driver or passenger of a motorcycle?	YES ☐ NO ☐ DON'T KNOW ☐
3E160	+ + Was s/he injured as a pedal cyclist?	YES ☐ NO ☐ DON'T KNOW ☐
3E170	+ + Do you know anything about the counter-part that was hit during the road traffic accident?	YES ☐ NO ☐
3E200	+ + + Was it a pedestrian?	YES ☐ NO ☐ DON'T KNOW ☐
3E210	+ + + Was it a stationary object?	YES ☐ NO ☐ DON'T KNOW ☐
3E220	+ + + Was it a car vehicle?	YES ☐ NO ☐ DON'T KNOW ☐
3E230	+ + + Was it a bus or heavy transport vehicle?	YES ☐ NO ☐ DON'T KNOW ☐
3E240	+ + + Was it a motor cycle?	YES ☐ NO ☐ DON'T KNOW ☐
3E250	+ + + Was it a pedal cycle?	YES ☐ NO ☐ DON'T KNOW ☐
3E260	+ + + Was it something else?	YES (specify) _____ ☐ NO ☐ DON'T KNOW ☐
3E300	+ Was s/he injured in a non-road transport accident?	YES ☐ NO ☐ DON'T KNOW ☐
3E310	+ + Was s/he injured in a fall?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3E320	+ + Did s/he die of drowning?	YES ☐ NO ☐ DON'T KNOW ☐
3E330	+ + Did s/he suffer from burns?	YES ☐ NO ☐ DON'T KNOW ☐
3E340	+ + Did (s)he suffer from any plant/animal/insect bite or sting + + that led to her/his death?	YES ☐ NO ☐ DON'T KNOW ☐
3E400	+ + + Was it a dog?	YES ☐ NO ☐ DON'T KNOW ☐
3E410	+ + + Was it a snake?	YES ☐ NO ☐ DON'T KNOW ☐
3E420	+ + + Was it an insect?	YES ☐ NO ☐ DON'T KNOW ☐
3E500	+ + Was s/he injured by a force of nature?	YES ☐ NO ☐ DON'T KNOW ☐
3E510	+ + Was there any poisoning?	YES ☐ NO ☐ DON'T KNOW ☐
3E520	+ Was s/he subject to violence or assault?	YES ☐ NO ☐ DON'T KNOW ☐
3E530	+ Was the injury or accident intentionally inflicted by someone else?	YES ☐ NO ☐ DON'T KNOW ☐
3E600	+ + Was s/he injured by a fire arm?	YES ☐ NO ☐ DON'T KNOW ☐
3E610	+ + Was s/he injured from a stab, cut or pierce?	YES ☐ NO ☐ DON'T KNOW ☐
3E620	+ + Was s/he injured by machinery?	YES ☐ NO ☐ DON'T KNOW ☐
3E630	+ + Was s/he struck by an animal or object?	YES ☐ NO ☐ DON'T KNOW ☐
3E700	+ Do you think that s/he committed suicide?	YES ☐ NO ☐ DON'T KNOW ☐

CHECK QUESTION 1A110 FOR SEX OF THE DECEASED:

IF FEMALE ☐ → SECTION 7 AND 8

IF MALE ☐ → SECTION 9

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 7. SYMPTOMS AND SIGNS ASSOCIATED WITH ILLNESS OF WOMEN		
3B720	Did she have an ulcer or swelling in the breast?	YES ☐ NO ☐ DON'T KNOW ☐
3B800	Did she have excessive vaginal bleeding in between menstrual periods?	YES ☐ NO ☐ DON'T KNOW ☐
3B810	Did her vaginal bleeding stopped naturally during menopause?	YES ☐ NO ☐ DON'T KNOW ☐
3B820	Did she have vaginal bleeding after menopause?	YES ☐ NO ☐ DON'T KNOW ☐
SECTION 8. SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY		
3C100	Was she neither pregnant, nor delivered, within 6 weeks of her death? **OR**	YES skip pregnancy section if YES ☐ NO ☐ DON'T KNOW ☐
3C110	Was she pregnant at the time of death? **OR**	YES ☐ NO ☐ DON'T KNOW ☐
3C120	Did she die within 6 weeks of giving birth? **OR**	YES ☐ NO ☐ DON'T KNOW ☐
3C130	Did she die within 6 weeks of a pregnancy that lasted less than 6 months?	YES ☐ NO ☐ DON'T KNOW ☐
3C200	+ Did she die within 24 hours after delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3C210	+ Did she die during labour, but undelivered?	YES ☐ NO ☐ DON'T KNOW ☐
3C220	+ Was she breastfeeding at death?	YES ☐ NO ☐ DON'T KNOW ☐
3C230	+ How many births, including stillbirths, did she have + before this baby?	NUMBER OF BIRTHS/STILLBIRTHS ☐☐ DON'T KNOW ☐
3C240	+ Did she have any previous C-section?	YES ☐ NO ☐ DON'T KNOW ☐
3C250	+ Did she die during or after a multiple pregnancy?	YES ☐ NO ☐ DON'T KNOW ☐
3C260	+ During pregnancy, did she suffer from high blood pressure?	YES ☐ NO ☐ DON'T KNOW ☐
3C270	+ Did she have foul smelling vaginal discharge during pregnancy + or after delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3C280	+ During the last 3 months of pregnancy, did she suffer from + convulsions?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3C290	+ During the last 3 months of pregnancy, did she suffer from + blurred vision?	YES ☐ NO ☐ DON'T KNOW ☐
3C300	+ Did she give birth to a live, healthy baby within 6 weeks of death?	YES ☐ NO ☐ DON'T KNOW ☐
3C310	+ Was there any vaginal bleeding during pregnancy or + after delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3C320	+ + Was there vaginal bleeding during the first 6 moths + + of pregnancy?	YES ☐ NO ☐ DON'T KNOW ☐
3C330	+ + Was there vaginal bleeding during the last 3 months of + + pregnancy but before labour started?	YES ☐ NO ☐ DON'T KNOW ☐
3C340	+ + Was there excessive vaginal bleeding during labour?	YES ☐ NO ☐ DON'T KNOW ☐
3C350	+ + Was there excessive vaginal bleeding after delivering the baby?	YES ☐ NO ☐ DON'T KNOW ☐
3C360	+ Was the placenta not completely delivered?	YES ☐ NO ☐ DON'T KNOW ☐
3C365	+ Did she deliver or try to deliver an abnormally positioned baby?	YES ☐ NO ☐ DON'T KNOW ☐
3C370	+ Was she in labour for unusually long (more than 24 hours)?	YES ☐ NO ☐ DON'T KNOW ☐
3C380	Did she attempt to terminate the pregnancy?	YES ☐ NO ☐ DON'T KNOW ☐
3C390	+ Did she recently have a pregnancy that ended in + an abortion (spontaneous or induced)?	YES ☐ NO ☐ DON'T KNOW ☐
3C400	+ Did she give birth in a health facility?	YES ☐ NO ☐ DON'T KNOW ☐
3C410	+ Did she give birth at home?	YES ☐ NO ☐ DON'T KNOW ☐
3C420	+ Did she give birth elsewhere, e.g. on the way to a facility?	YES ☐ NO ☐ DON'T KNOW ☐
3C430	+ Did she receive professional assistance for the delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3C440	+ Did she have an operation to remove her uterus shortly + before death?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3C450	+ Did she have a normal vaginal delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3C460	+ Did she have an assisted delivery, with forceps/vacuum?	YES ☐ NO ☐ DON'T KNOW ☐
3C470	+ Was it a delivery with caesarean section?	YES ☐ NO ☐ DON'T KNOW ☐
3C480	+ Was the baby born more than one month early?	YES ☐ NO ☐ DON'T KNOW ☐
SECTION 10. SYMPTOMS NOTED DURING THE FINAL ILLNESS		
3B100	Did s/he have a fever?	YES ☐ NO ☐ DON'T KNOW ☐
3B110	+ For how long did s/he have a fever?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B120	+ Did s/he have night sweats?	YES ☐ NO ☐ DON'T KNOW ☐
3B130	Did s/he have a cough?	YES ☐ NO ☐ DON'T KNOW ☐
3B140	+ For how long did s/he have a cough?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B150	+ Was the cough productive with sputum?	YES ☐ NO ☐ DON'T KNOW ☐
3B160	+ Did s/he cough out blood?	YES ☐ NO ☐ DON'T KNOW ☐
3B180	Did s/he have any breathing problem?	YES ☐ NO ☐ DON'T KNOW ☐
3B190	+ Did s/he have fast breathing?	YES ☐ NO ☐ DON'T KNOW ☐
3B200	+ + For how long did s/he have fast breathing?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B210	+ Did s/he have breathlessness?	YES ☐ NO ☐ DON'T KNOW ☐
3B220	+ + For how long did s/he have breathlessness?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B230	+ + Was s/he unable to carry out daily routine activities due to + + breathlessness?	YES ☐ NO ☐ DON'T KNOW ☐
3B240	+ + Was s/he breathless while lying flat?	YES ☐ NO ☐ DON'T KNOW ☐

2012 WHO VERBAL AUTOPSY [FORM 3] DEATH OF A PERSON AGED 15 YEARS AND ABOVE		
NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**
3B260	+ Did s/he have noisy breathing (grunting or wheezing)? + DEMONSTRATE	YES NO DON'T KNOW
3B270	Did s/he have severe chest pain?	YES NO DON'T KNOW
3B280	Did s/he have diarrhoea?	YES NO DON'T KNOW
3B290	+ For how long did s/he have diarrhoea?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B300	+ At any time during the final illness was there blood in the stools?	YES NO DON'T KNOW
3B310	Did s/he vomit?	YES NO DON'T KNOW
3B320	+ Did s/he vomit "coffee grounds" or bright red/blood?	YES NO DON'T KNOW
3B330	Did s/he have any abdominal problem?	YES NO DON'T KNOW
3B340	+ Did s/he have severe abdominal pain?	YES NO DON'T KNOW
3B350	+ + For how long before death did s/he have severe abdominal + + pain?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B360	+ Did s/he have more than usual protruding abdomen?	YES NO DON'T KNOW
3B370	+ + For how long did s/he have a more than usual protruding + + abdomen?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B380	+ Did s/he have any lump inside the abdomen?	YES NO DON'T KNOW
3B390	+ + For how long did s/he have the lump inside the abdomen?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B400	Did s/he have a severe headache?	YES NO DON'T KNOW
3B405	Did s/he have a stiff or painful neck?	YES NO DON'T KNOW
3B410	+ For how long did s/he have a stiff or painful neck?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B420	Did s/he have mental confusion?	YES NO DON'T KNOW
3B430	+ For how long did s/he have mental confusion?	NUMBER OF DAYS NUMBER OF MONTHS DON'T KNOW
3B440	Was s/he unconscious for more than 24 hours?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3B450	Did the unconsciousness start suddenly, quickly (at least within a single day)?	YES ☐ NO ☐ DON'T KNOW ☐
3B460	Did s/he have convulsions?	YES ☐ NO ☐ DON'T KNOW ☐
3B470	+ For how long did s/he have convulsions?	NUMBER OF MINUTES ☐☐ DON'T KNOW ☐
3B480	+ Did s/he became unconscious immediately after the convulsion?	YES ☐ NO ☐ DON'T KNOW ☐
3B490	Did s/he have any urine problems?	YES ☐ NO ☐ DON'T KNOW ☐
3B500	+ Did s/he pass no urine at all?	YES ☐ NO ☐ DON'T KNOW ☐
3B510	+ Did s/he go to urinate more often than usual?	YES ☐ NO ☐ DON'T KNOW ☐
3B520	+ During the final illness did s/he ever pass blood in the urine?	YES ☐ NO ☐ DON'T KNOW ☐
3B530	Did s/he have any skin problems?	YES ☐ NO ☐ DON'T KNOW ☐
3B540	+ Did s/he have any ulcers, abscess or sores + anywhere except the feet?	YES ☐ NO ☐ DON'T KNOW ☐
3B550	+ Did (s)he have any ulcers, abscess or sores on the feet + that were not also on other parts of the body?	YES ☐ NO ☐ DON'T KNOW ☐
3B560	+ During the illness that led to death, did s/he have any skin rash?	YES ☐ NO ☐ DON'T KNOW ☐
3B570	+ + For how long did s/he have the skin rash?	NUMBER OF DAYS ☐☐ NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3B580	+ + Did s/he have measles rash?	YES ☐ NO ☐ DON'T KNOW ☐
3B590	+ + Did s/he ever have shingles/herpes zoster?	YES ☐ NO ☐ DON'T KNOW ☐
3B600	Did s/he have bleeding from the nose, mouth, or anus?	YES ☐ NO ☐ DON'T KNOW ☐
3B610	Did s/he have weight loss?	YES ☐ NO ☐ DON'T KNOW ☐
3B620	+ Was s/he severely thin or wasted?	YES ☐ NO ☐ DON'T KNOW ☐
3B630	Did s/he have mouth sores or white patches in the mouth or on the tongue?	YES ☐ NO ☐ DON'T KNOW ☐
3B640	Did s/he have stiffness of the whole body or was unable to open the mouth?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3B650	Did s/he have swelling (puffiness) of the face?	YES ☐ NO ☐ DON'T KNOW ☐
3B660	Did s/he have both feet swollen?	YES ☐ NO ☐ DON'T KNOW ☐
3B670	Did s/he have any lumps?	YES ☐ NO ☐ DON'T KNOW ☐
3B680	+ Did s/he have any lumps or lesions in the mouth?	YES ☐ NO ☐ DON'T KNOW ☐
3B690	+ Did s/he have any lumps on the neck?	YES ☐ NO ☐ DON'T KNOW ☐
3B700	+ Did s/he have any lumps on the armpit?	YES ☐ NO ☐ DON'T KNOW ☐
3B710	+ Did s/he have any lumps on the groin?	YES ☐ NO ☐ DON'T KNOW ☐
3B730	Did s/he have paralysis of one side of the body?	YES ☐ NO ☐ DON'T KNOW ☐
3B740	Did s/he have difficulty or pain while swallowing liquids?	YES ☐ NO ☐ DON'T KNOW ☐
3B750	Did s/he have yellow discoloration of the eyes?	YES ☐ NO ☐ DON'T KNOW ☐
3B760	Did her/his hair colour change to reddish or yellowish?	YES ☐ NO ☐ DON'T KNOW ☐
3B770	Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?	YES ☐ NO ☐ DON'T KNOW ☐
3B780	Did s/he have sunken eyes?	YES ☐ NO ☐ DON'T KNOW ☐
3B790	Did (s)he drink a lot more water than usual?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 10. TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS		
3G100	Was s/he adequately vaccinated?	YES ☐ NO ☐ DON'T KNOW ☐
3G110	Did s/he receive any treatment for the illness that led to death?	YES ☐ NO ☐ DON'T KNOW ☐
3G120	+ Did s/he receive oral rehydration salts?	YES ☐ NO ☐ DON'T KNOW ☐
3G130	+ Did s/he receive (or needed) intravenous fluids (drip) treatment?	YES ☐ NO ☐ DON'T KNOW ☐
3G140	+ Did s/he receive (or needed) a blood transfusion?	YES ☐ NO ☐ DON'T KNOW ☐
3G150	+ Did s/he receive (or needed) treatment/food through a tube passed + through the nose?	YES ☐ NO ☐ DON'T KNOW ☐
3G160	+ Did s/he receive (or needed) injectable (IV or IM) antibiotics?	YES ☐ NO ☐ DON'T KNOW ☐
3G170	+ Did s/he have (or needed) an operation for the illness?	YES ☐ NO ☐ DON'T KNOW ☐
3G180	+ + Did s/he have the operation within 1 month before death?	YES ☐ NO ☐ DON'T KNOW ☐
3G190	+ Was s/he discharged from the hospital very ill?	YES ☐ NO ☐ DON'T KNOW ☐
SECTION 11. RISK FACTORS		
3F100	Did s/he drink alcohol?	YES ☐ NO ☐ DON'T KNOW ☐
3F110	Did s/he smoke tobacco. (cigarette, cigar, pipe, etc.)?	YES ☐ NO ☐ DON'T KNOW ☐
SECTION 12. BACKGROUND		
4A100	In the final days before death, did s/he travel to a hospital or health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A110	+ Did s/he use motorised transport to get to the hospital or + health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A120	+ Were there any problems during admission to the hospital or + health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A130	+ Were there any problems with the way (s)he was treated (medical treatment, + procedures, inter-personal attitudes, respect, dignity) in the + hospital or health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A140	+ Were there any problems getting medications, or diagnostic tests + in the hospital or health facility?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
4A150	Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?	YES ☐ NO ☐ DON'T KNOW ☐
4A160	In the final days before death, were there any doubts about whether medical care was needed?	YES ☐ NO ☐ DON'T KNOW ☐
4A170	In the final days before death, was traditional medicine used?	YES ☐ NO ☐ DON'T KNOW ☐
4A180	In the final days before death, did anyone use a telephone or cell phone to call for help?	YES ☐ NO ☐ DON'T KNOW ☐
4A190	Over the course of illness, did the total costs of care and treatment prohibit other household payments?	YES ☐ NO ☐ DON'T KNOW ☐

5A100

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____