

SAVE Neonate e-VA Instrument v1.4 (dated May 3rd) – Sierra Leone
Questionnaire for the death of a child aged under 28 days

Instructions for use of the tool

Questions to be read to the respondent are in bold.

[Questions that are NOT to be read to respondent are in brackets.]

Hints to the interviewer are in italic text below relevant questions. These are only hints for the interviewer and are NOT to be read to respondents.

ID	Question	Answer(s)	Skip To	Programming Notes
<p>Hello, my name is [surveyor's name] and I am working for Njala University. We are studying ways to improve the health status of the community. We very much appreciate your participation in this survey. As part of the survey we invite you to provide information on the death that happened in your family. We will ask questions related to the illness of the deceased and some other questions, but before we start the survey we would like to take your blood pressure. Before beginning the survey, ensure that the respondent is an adult.</p> <p><i>Before beginning the survey, ensure that the respondent is an adult.</i></p>				
1001	Can we take your blood pressure?	1. Yes 2. No	→ 1005	
1002	[Record systolic blood pressure (left arm – sitting) of the respondent.]	mmHg _ _ _ _		[80:250]
1003	[Record diastolic blood pressure (left arm – sitting) of the respondent.]	mmHg _ _ _ _		[40:180]
1004	[Record heart rate of the respondent.]	Beats per minute _ _ _ _		[40:200]
1005	We would like to confirm that we are at the correct house for the study. Can you give me the name of the head of the household? <i>Record the head's full name.</i>	Text		alphabetic, Min_length[3]
1006	What is her/his sex?	1. Male 2. Female		Select- only one
1007	How old is (s)he in completed years? <i>Record the head's age as of his/her last birthday. Record '99' if don't know the age.</i>	Years _ _		[18:99]
1008	[Is the head of the household the same person as previously recorded?] <i>Name should match phonetically, sex must match, and age should be within 2 years.</i>	1. Yes 2. No	→ End the Interview	Display head's name, sex, and age from enumeration database above the Yes and No options
1009	What is the first name of the oldest child below age 18 years who lives here?	Text - No children in the household	→ 1013	alphabetic, Min_length[3]
1010	What is the child's sex?	1. Male 2. Female		Select- only one
1011	How old is the child?	Years _ _		[0:17]

1012	[Does the above child match one of the children previously recorded for this household?]	1. Yes 2. No	→ 1014 → End the Interview	Display list of the name, sex, and age (with units) of all children below age 18 from enumeration database above the Yes and No options. If none, display “No children in the household enumeration”
1013	[Can you confirm that there are no children in the household?]	1. Yes 2. No	→ End the Interview	Display list of the name, sex, and age (with units) of all children below age 18 from enumeration database above the Yes and No options. If none, display “No children in the household enumeration”
I would like to tell you more about the study and obtain your consent. [Read the consent form to the family and obtain a signature on screen.]				
1014	[Did the respondent give consent?]	1. Yes 2. No	→ End the Interview	End the record
1015	Let’s start with some general questions about you. What is your name?	Text		alphabetic, Min_length[3]
1016	[Choose the respondent’s sex.]	1. Male 2. Female		Select- only one
1017	How old are you? Record the respondent’s age as of his/her last birthday. Record ‘99’ if don’t know the age.	Years ___ __		[18:99]
1018	How is your current general health status?	1. Excellent 2. Good 3. Fair 4. Poor		Select- only one
1019	Did you smoke tobacco within the last 5 years?	1. Yes 2. No 9. Doesn’t know	→ 1023 → 1023	
1020	What was the method of tobacco use? <i>Enter more than one if applicable.</i>	1. Cigarette 2. Other (specify) _____	→ 1022	Multi-select Skip is implemented if 1 is not chosen
1021	How many cigarettes were consumed per day?	Number ___ __	→ 1026	[0:99] Skip is implemented if 2 is not chosen in Q1020

1022	How many times did you use other tobacco products per day?	Number ___ __		[0:99]
1023	Did you normally drink alcohol at least once a week during most weeks in the last 5 years? <i>Use local term for alcohol.</i>	1. Yes 2. No 9. Doesn't know	→ 2001 → 2001	
1024	What was the average number of days per week you drank?	Number ___ __ - Doesn't know		[1:7]
1025	What type of alcohol was most commonly consumed?	1. Local liquor 2. Foreign liquor 3. Beer 9. Doesn't know		Select- only one
I would now like to ask you some detailed questions about any deaths that have occurred in the house in the last 3 years.				Display name, sex, and age (with units) of deceased from enumeration database before the following questions
2001	What was the first or given name(s) of the deceased?	Text		alphabetic, Min_length[3]
2002	What was the surname (or family name) of the deceased?	Text		alphabetic, Min_length[3]
2003	What was the sex of the deceased?	1. Male 2. Female		Select- only one Use to automatically replace "(s)he" or "his/her" in subsequent questions
2004	When was the deceased born?	1. Day ___ __ 2. Month ___ __ 3. Year _____		1- [1:31] 2- [1:12] 3- [2015:2019] Adjust according to survey date (data collected for death in last 3 years for baseline, or 1 year for main SRS follow-up)
2005	When did (s)he die?	1. Day ___ __ 2. Month ___ __ 3. Year _____		1- [1:31] 2- [1:12] 3- [2015:2019] Death date > Birth date
2006	What is your/the respondent's relationship to the deceased?	1. Parent 2. Other family member 3. Friend 4. Health worker 5. Public official 6. Another relationship		Select- only one Options differ from adult form (does not include Child)

2007	Did you/the respondent live with the deceased in the period leading to her/his death?	1. Yes 2. No		
2008	Where did the deceased die?	1. Hospital 2. Other health facility 3. Home 4. On route to hospital or facility 5. Other 9. Doesn't know		Select- only one
2009	What was the name of the father? <i>Record the full name of the deceased's father.</i>	Text		alphabetic, Min_length[3]
2010	What was the name of the mother? <i>Record the full name of the deceased's mother.</i>	Text		alphabetic, Min_length[3]
3001	What do you (the respondent) think the deceased died of? <i>Record the respondent's own exact words.</i>	Text		Does not appear in Off version
3002	[Select the appropriate respondent's cause of death from the drop-down menu]	1. Prematurity / Low birth weight 2. Infections 3. Birth asphyxia / Birth trauma 4. Congenital problems 5. Diarrhoea 6. Pneumonia 7. Injury/accident 8. Other or unknown cause		Does not appear in Off version Based on the respondent's stated COD captured here, apply symptom sequence (found at end of the form) to determine the order of the questions in Sections 5-7
4001	Did the baby ever cry?	1. Yes 2. No 9. Doesn't know	→ 4006 → 4006	
4002	Did the baby cry immediately after birth, even if only a little bit?	1. Yes 2. No 9. Doesn't know		
4003	How many minutes after birth did the baby first cry?	Minutes ___ __ - Doesn't know		Minutes=<Age at Death [1:60]
4004	Did the baby stop being able to cry?	1. Yes 2. No 9. Doesn't know	→ 4006 → 4006	
4005	How many hours before death did the baby stop crying?	Hours ___ __ - Doesn't know		Hours=<Age at Death [1:24]

4006	Did the baby ever move?	1. Yes 2. No 9. Doesn't know		
4007	Did the baby ever breathe?	1. Yes 2. No 9. Doesn't know	→ 4012 → 4012	If the respondent answered "No" or "Doesn't know" to both of Q4001 and Q4006, the skips change to 4011
4008	Did the baby breathe immediately after birth, even a little?	1. Yes 2. No 9. Doesn't know		
4009	Did the baby have a breathing problem?	1. Yes 2. No 9. Doesn't know		
4010	Was the baby given assistance to breathe at birth?	1. Yes 2. No 9. Doesn't know	→ All: 4012	
4011	If the baby didn't show any sign of life, was it born dead?	1. Yes 2. No 9. Doesn't know		
4012	Were there any bruises or signs of injury on the baby's body after the birth?	1. Yes 2. No 9. Doesn't know	→ All: 5001	If the respondent answered "Yes" to Q4011, no skip
4013	Was the baby's body soft, pulpy and discoloured and the skin peeling away?	1. Yes 2. No 9. Doesn't know	→ All: 7210	
5001	Did (s)he suffer from any injury or accident that led to her/his death?	1. Yes 2. No 9. Doesn't know	→ 6001 → 6001	

5002	What was the nature of the injury or accident?	<ol style="list-style-type: none"> 1. Road traffic accident 2. Non-road transport accident 3. Drowning 4. Fall 5. Injury by falling object / blunt force 6. Pesticide poisoning 7. Other poisoning 8. Electrocution 10. Burns/fire 11. Injured by a firearm 12. Bite or sting 13. Stabbed/cut/pierced 14. Strangled 15. Flood 16. Earthquake 17. Other 99. Doesn't know 	<p>→ 5007</p> <p>→ 5009</p> <p>→ 6001</p> <p>→ 6001</p>	<p>Multi-select</p> <p>Skips are implemented if only skip options are selected; if more than one skip option is selected, skip to the question that is numerically first (e.g. if 1 and 12 are selected, skip to 5007)</p>
5003	Was (s)he subject to violence (homicide, abuse)?	<ol style="list-style-type: none"> 1. Yes 2. No 9. Doesn't know 		
5004	Was the injury accidental?	<ol style="list-style-type: none"> 1. Yes 2. No 9. Doesn't know 	→ 6001	Skip changes to 5007 if 1 was chosen or 5009 if 12 was chosen in Q5002
5006	Was the injury intentionally inflicted by someone else?	<ol style="list-style-type: none"> 1. Yes 2. No 9. Doesn't know 	→ All: 6001	No skip if 1 was chosen and skip changes to 5009 if 12 was chosen in Q5002
5007	What was her/his role in the road traffic accident?	<ol style="list-style-type: none"> 1. Pedestrian 2. Passenger in car or light vehicle 3. Passenger in bus or heavy vehicle 4. Passenger on a motorcycle 5. Passenger on a pedal cycle 6. Other 9. Doesn't know 		Select- only one

5008	What was the counterpart that was hit during the road traffic accident?	1. Pedestrian 2. Stationary object 3. Car or light vehicle 4. Bus or heavy vehicle 5. Motorcycle 6. Pedal cycle 7. Other 9. Doesn't know	→ All: 6001	Select- only one Skip is implemented if 12 was not chosen in Q5022
5009	What was the animal/insect?	1. Dog 2. Snake 3. Insect or scorpion 4. Other 9. Doesn't know		Select- only one
6001	How many days old was the baby when the fatal illness started?	Days __ __ - Doesn't know		Days=<Age at Death Select [0:27]
6002	Before the illness that led to death, was the baby growing normally?	1. Yes 2. No 9. Doesn't know		Question wording differs from child form ("baby" instead of "child")
6003	For how many days was (s)he ill before death? <i>Less than 1 day = '0'.</i>	Days __ __ - Doesn't know		Days=<Age at Death [0:27]
6005	Did (s)he die suddenly? <i>Suddenly means died unexpectedly within 24 hours of being in regular health</i>	1. Yes 2. No 9. Doesn't know		
7001	Did (s)he have a fever?	1. Yes 2. No 9. Doesn't know	→ 7008 → 7008	
7002	How many days did the fever last? <i>Less than 1 day = '0'.</i>	Days __ __ - Doesn't know		Days=<Age at Death [0:27]
7004	Did the fever continue until death?	1. Yes 2. No 9. Doesn't know		
7008	Did (s)he have a cough?	1. Yes 2. No 9. Doesn't know	→ 7015 → 7015	
7013	Did (s)he make a whooping sound when coughing?	1. Yes 2. No 9. Doesn't know		

7015	Did (s)he have any difficulty breathing?	1. Yes 2. No 9. Doesn't know	→ 7019 → 7019	
7016	For how many days did the difficulty breathing last? <i>Less than 1 day = '0'.</i>	Days __ __ - Doesn't know		Days=<Age at Death [0:27]
7019	During the illness that led to death, did (s)he have fast breathing?	1. Yes 2. No 9. Doesn't know	→ 7022 → 7022	
7020	For how many days did the fast breathing last? <i>Less than 1 day = '0'.</i>	Days __ __ - Doesn't know		Days=<Age at Death [0:27]
7022	Did (s)he have breathlessness?	1. Yes 2. No 9. Doesn't know	→ 7027 → 7027	
7023	For how many days did (s)he have breathlessness? <i>Less than 1 day = '0'.</i>	Days __ __ - Doesn't know		Days=<Age at Death [0:27]
7027	Did you see the lower chest wall/ribs being pulled in as the child breathed in? <i>Show photos/video (if available).</i>	1. Yes 2. No 9. Doesn't know		
7028	During the illness that led to death did his/her breathing sound like any of the following:	1. Stridor 2. Grunting 3. Wheezing 4. None of the above 9. Doesn't know		Select- only one
7034	Did (s)he have more frequent loose or liquid stools than usual? <i>Ask the respondent about his/her understanding of what diarrhoea is (having more frequent loose or liquid stools than usual); if unclear or wrong, explain to the respondent what diarrhoea is.</i>	1. Yes 2. No 9. Doesn't know	→ 7040 → 7040	
7036	How many stools did the baby have on the day that loose or liquid stools were most frequent?	No. of stools: __ __ - Doesn't know		[1:25] Question wording differs from child form ("baby" instead of "child")
7037	How many days before death did the frequent loose or liquid stools start? <i>Less than 1 day = '0'.</i>	Days __ __ - Doesn't know		Days=<Age at Death [0:27]

7039	Did the frequent loose or liquid stools continue until death?	1. Yes 2. No 9. Doesn't know		
7040	At any time during the final illness was there blood in the stools?	1. Yes 2. No 9. Doesn't know		
7042	Did (s)he vomit?	1. Yes 2. No 9. Doesn't know		
7043	To clarify: Did (s)he vomit in the week preceding death?	1. Yes 2. No 9. Doesn't know		
7065	Was (s)he unconscious during the illness that led to death?	1. Yes 2. No 9. Doesn't know	→7070 →7070	
7066	Was (s)he unconscious for more than 24 hours before death?	1. Yes 2. No 9. Doesn't know		
7070	Did (s)he have convulsions?	1. Yes 2. No 9. Doesn't know		
7085	During the illness that led to death, did (s)he have any skin rash?	1. Yes 2. No 9. Doesn't know		
7091	During the illness that led to death did (s)he have areas of skin that turned black?	1. Yes 2. No 9. Doesn't know		
7092	During the illness that led to death did (s)he have areas of the skin with redness and swelling?	1. Yes 2. No 9. Doesn't know		
7093	During the illness that led to death did (s)he bleed from anywhere?	1. Yes 2. No 9. Doesn't know		
7118	Did (s)he have yellow discoloration of the eyes?	1. Yes 2. No 9. Doesn't know		
7124	Was the baby able to suckle or bottle-feed within the first 24 hours after birth?	1. Yes 2. No 9. Doesn't know		

7125	Did the baby ever suckle in a normal way?	1. Yes 2. No 9. Doesn't know		
7126	Did the baby stop suckling?	1. Yes 2. No 9. Doesn't know	→ 7129 → 7129	
7127	How many days after birth did the baby stop suckling? <i>Less than 1 day = '0'.</i>	Days __ __ - Doesn't know		Days=<Age at Death [0:27]
7129	Did the baby have convulsions starting within the first 24 hours of life?	1. Yes 2. No 9. Doesn't know	→ 7131	
7130	Did the baby have convulsions starting more than 24 hours after birth?	1. Yes 2. No 9. Doesn't know		
7131	Did the baby's body become stiff, with the back arched backwards?	1. Yes 2. No 9. Doesn't know		
7132	During the illness that led to death did the baby have a bulging or raised fontanelle? <i>Show photo (if available).</i>	1. Yes 2. No 9. Doesn't know	→ 7134	
7133	During the illness that led to death did the baby have a sunken fontanelle? <i>Show photo (if available).</i>	1. Yes 2. No 9. Doesn't know		
7134	During the illness that led to death, did the baby become unresponsive or unconscious?	1. Yes 2. No 9. Doesn't know	→ 7137 → 7137	
7135	Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours?	1. Yes 2. No 9. Doesn't know	→ 7137	
7136	Did the baby become unresponsive or unconscious more than 24 hours after birth?	1. Yes 2. No 9. Doesn't know		
7137	During the illness that led to death, did the baby become cold to touch?	1. Yes 2. No 9. Doesn't know	→ 7139 → 7139	
7138	How many days old was the baby when it started feeling cold to touch?	Days __ __ - Doesn't know		Days=<Age at Death [0:27]

7139	During the illness that led to death, did the baby become lethargic after a period of normal activity?	1. Yes 2. No 9. Doesn't know		
7140	Did the baby have redness or pus drainage from the umbilical cord stump?	1. Yes 2. No 9. Doesn't know		
7141	During the illness that led to death, did the baby have skin ulcer(s) or pits?	1. Yes 2. No 9. Doesn't know		
7142	During the illness that led to death, did the baby have yellow skin, palms (hand) or soles (foot)?	1. Yes 2. No 9. Doesn't know		
7143	Did the baby or infant appear to be healthy and then just die suddenly? <i>Suddenly means died unexpectedly within 24 hours of being in regular health</i>	1. Yes 2. No 9. Doesn't know		
7210	Was the child part of a multiple birth? <i>If two or more babies are born at the same time, it is counted as a multiple birth, even if one or more of the babies are born dead.</i>	1. Yes 2. No 9. Doesn't know	→ 7212 → 7212	
7211	Was the baby the first, second, or later in the birth order?	1. First 2. Second or later 9. Doesn't know		Select- only one Question wording differs from child form ("baby" instead of "child")
7212	Is the mother still alive? <i>If the mother is present at the interview, select 'yes' without asking the question aloud. Only read this question if the respondent is not the mother and if it is not yet known if the mother is alive.</i>	1. Yes 2. No 9. Doesn't know	→ 7215 → 7215	
7213	Did the mother die before, during or after the delivery?	1. Before delivery 2. During delivery 3. After delivery 9. Doesn't know	→ 7215 → 7215 → 7215	
7214	How long after the delivery did the mother die? <i>If less than 24 hours, record '0' days. If <1 week, record in days; if <2 months, record in weeks; if ≥ 2 months, record in completed months.</i>	1. Days __ __ 2. Weeks __ 3. Months __ __ - Doesn't know		Select 1- [0:6] 2- [1:7] 3- [2:60]

7215	Where was the deceased born? <i>Read the question and slowly read the first 5 choices. Respondent should hear all 5 choices and then respond.</i>	1. Hospital 2. Other health facility 3. Home 4. On route to hospital or facility 5. Other 9. Doesn't know		Select- only one
7216	Did you/the mother receive professional assistance during the delivery? <i>Explain to the respondent what is meant by professional assistance: delivery attended by a medical professional (doctor, nurse or midwife).</i>	1. Yes 2. No 9. Doesn't know		For all questions with "you/the [baby's] mother", if respondent's sex (Q1016) is "Female" and relationship to the deceased (Q2006) is "Parent", use "you"; otherwise, use "the mother"
7217	At birth, was the baby of usual size? <i>Show photos (if available).</i>	1. Yes 2. No 9. Doesn't know	→ 7221	
7218	At birth, was the baby smaller than usual (weighing under 2.5 kg)?	1. Yes 2. No 9. Doesn't know	→ 7220 → 7220	
7219	At birth, was the baby very much smaller than usual (weighing under 1 kg)?	1. Yes 2. No 9. Doesn't know	→ All: 7221	
7220	At birth, was the baby larger than usual (weighing over 4.5 kg)?	1. Yes 2. No 9. Doesn't know		
7221	What was the weight (in grams) of the deceased at birth? <i>Respondents may give the answer in kilograms. For the data entry, convert to grams. 1 kilogram=1,000 grams.</i>	Grams ____ - Doesn't know		[1000:5000]
7222	How many months long was the pregnancy before the child was born?	Months ____ - Doesn't know		[6:10]
7223	Were there any complications in the late part of the pregnancy (defined as the last 3 months before labour)?	1. Yes 2. No 9. Doesn't know		
7224	Were there any complications during labour or delivery?	1. Yes 2. No 9. Doesn't know		
7225	Was any part of the baby physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on the body)	1. Yes 2. No 9. Doesn't know	→ 7229	

7226	Did the child have a swelling or defect on the back at time of birth?	1. Yes 2. No 9. Doesn't know		
7227	Did the baby/child have a very large head at time of birth?	1. Yes 2. No 9. Doesn't know	→ 7229	
7228	Did the baby/child have a very small head at time of birth?	1. Yes 2. No 9. Doesn't know		
7229	How many births, including stillbirths, did the baby's mother have before this baby?	Births ___ __ - Doesn't know		[0:20]
7230	Was the baby moving in the last few days before the birth?	1. Yes 2. No 9. Doesn't know		
7231	Did the baby stop moving in the womb before labour started?	1. Yes 2. No 9. Doesn't know	→ 7233 → 7233	
7232	How long before labour did you / the mother (if respondent is another person who examined the mother) last feel the baby move? <i>Enter duration in hours or days. If less than one hour, enter '0'.</i>	1. Hours ___ __ 2. Days ___ __ - Doesn't know		Select 1- [0:24] 2- [1:30]
7233	How many hours did labour and delivery take? <i>If less than one hour enter '0'.</i>	Hours ___ __ - Doesn't know		[0:72]
7234	Was the baby born 24 hours or more after the water broke?	1. Yes 2. No 9. Doesn't know		
7235	Was the liquid foul smelling?	1. Yes 2. No 9. Doesn't know		
7236	What was the colour of the liquid when the water broke?	1. Green or brown 2. Clear (normal) 3. Other 9. Doesn't know		Select- only one
7237	Was the delivery normal vaginal, without forceps or vacuum?	1. Yes 2. No 9. Doesn't know	→ 7239	
7238	Was the delivery vaginal, with forceps or vacuum?	1. Yes 2. No 9. Doesn't know		

7239	Did you/the mother receive any vaccinations since reaching adulthood including during this pregnancy?	1. Yes 2. No 9. Doesn't know	→ 7242 → 7242	
7240	How many doses?	Doses ___ ___ - Doesn't know		[0:7]
7241	Did you/the mother receive tetanus toxoid (TT) vaccine?	1. Yes 2. No 9. Doesn't know		
7242	During labour, did the baby's mother suffer from fever?	1. Yes 2. No 9. Doesn't know		
7243	During the last 3 months of pregnancy, labour or delivery, did you/the baby's mother suffer from high blood pressure?	1. Yes 2. No 9. Doesn't know		
7244	Did you/the baby's mother have diabetes mellitus?	1. Yes 2. No 9. Doesn't know		
7245	Did you/the baby's mother have foul smelling vaginal discharge during pregnancy or after delivery?	1. Yes 2. No 9. Doesn't know		
7246	During the last 3 months of pregnancy, labour or delivery, did you/the baby's mother suffer from convulsions?	1. Yes 2. No 9. Doesn't know		
7247	During the last 3 months of pregnancy did you/the baby's mother suffer from blurred vision?	1. Yes 2. No 9. Doesn't know		
7248	Did you/the baby's mother have severe anemia?	1. Yes 2. No 9. Doesn't know		
7249	Did you/the baby's mother have vaginal bleeding during the last 3 months of pregnancy but before labour started?	1. Yes 2. No 9. Doesn't know		
7250	Did the baby's bottom, feet, arm or hand come out of the vagina before its head?	1. Yes 2. No 9. Doesn't know		
7251	Was the umbilical cord wrapped more than once around the neck of the child at birth?	1. Yes 2. No 9. Doesn't know		

9007	Did (s)he receive (or need) antiretroviral therapy (ART)?	1. Yes 2. No 9. Doesn't know		
9008	Did (s)he receive (or need) an operation for the illness?	1. Yes 2. No 9. Doesn't know		
9011	Did (s)he receive any immunizations?	1. Yes 2. No 9. Doesn't know	→ 9015 → 9015	
9012	Do you have the child's vaccination card?	1. Yes 2. No	→ 9015	
9013	Can I see the vaccination card? <i>If yes, take a picture.</i>	1. Yes (take picture) 2. No	→ 9015 (flagged) → 9015	If 1, flag for central team to extract data from picture.
9014	[Select EPI vaccines done.]	1. BCG 2. DPT 1,2,3 3. Hep B 4. Hib 5. Meningitis 6. Penta 1,2,3 7. Pneumo 8. Polio 1,2,3 10. Rota 11. No vaccines 99. Doesn't know		Multi-select
9015	Was care sought outside the home while (s)he had this illness?	1. Yes 2. No 9. Doesn't know	→ 9018 → 9018	

9016	Where or from whom did you seek this care? <i>Enter more than one if applicable.</i>	<ol style="list-style-type: none"> 1. Traditional Healer 2. Religious Leader 3. Government Hospital 4. Government Health centre or clinic 5. Private Hospital 6. Community based practitioner associated with health system 7. Trained Birth attendant 8. Private Physician 10. Relative, friend (outside household) 11. Pharmacy 9. Doesn't know 		Multi-select
9017	What was the name and address of any hospital, health centre or clinic where care was sought?	Text		
9018	Did a health care worker tell you the cause of death?	<ol style="list-style-type: none"> 1. Yes 2. No 9. Doesn't know 	→ 9020 → 9020	
9019	What did the health care worker say?	Text		
9020	Do you have any health records that belonged to the deceased?	<ol style="list-style-type: none"> 1. Yes 2. No 	→ 9023	
9021	Can I see the health records? <i>If yes, take a picture.</i>	<ol style="list-style-type: none"> 1. Yes (take picture) 2. No 	→ 9023 (flagged) → 9023	If 1, flag question 9022 for central team to extract data from picture.
9022	[Record the date of the most recent (last) visit to a health facility.]	<ol style="list-style-type: none"> 1. Day ___ 2. Month ___ 3. Year _____ - Doesn't know 		1- [1:31] 2- [1:12] 3- [2015:2019] Date must fall between birth and death dates
9023	Has the deceased's (biological) mother ever been tested for HIV?	<ol style="list-style-type: none"> 1. Yes 2. No 9. Doesn't know 		If respondent's sex (Q1016) is "Female" and relationship to the deceased (Q2006) is "Parent", use "Have you"; otherwise, use "Has the deceased's biological mother"
9024	Has the deceased's (biological) mother ever been told she had HIV/AIDS by a health worker?	<ol style="list-style-type: none"> 1. Yes 2. No 9. Doesn't know 		See note above

9025	In the final days before death, did (s)he (the deceased) travel to a hospital or health facility? <i>Enter “yes” if the deceased was a stillbirth delivered in a health facility or a live birth delivered in a health facility that died before leaving the facility.</i>	1. Yes 2. No 9. Doesn't know	→ 9030 → 9030	
9026	Did (s)he use motorised transport to get to the hospital or health facility? <i>For stillbirths and live births delivered in a health facility, answer based on mother's experience.</i>	1. Yes 2. No 9. Doesn't know		
9027	Were there any problems/delays during admission to the hospital or health facility? <i>For stillbirths and live births delivered in a health facility, answer based on mother's experience.</i>	1. Yes 2. No 9. Doesn't know		
9028	Were there any problems with the way (s)he was treated (medical treatment, procedures, interpersonal attitudes, respect, dignity) in the hospital or health facility? <i>For stillbirths and live births delivered in a health facility, answer based on mother's experience.</i>	1. Yes 2. No 9. Doesn't know		
9029	Were there any problems getting medications or diagnostic tests in the hospital or health facility? <i>For stillbirths, answer based on mother's experience.</i>	1. Yes 2. No 9. Doesn't know		
9030	Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household? <i>For stillbirths and live births delivered in a health facility, answer based on mother's experience.</i>	1. Yes 2. No 9. Doesn't know		
9031	In the final days before death, were there any doubts about whether medical care was needed? <i>For stillbirths, answer based on mother's experience.</i>	1. Yes 2. No 9. Doesn't know		
9032	In the final days before death, was traditional medicine used? <i>For stillbirths, answer based on mother's experience.</i>	1. Yes 2. No 9. Doesn't know		
9033	In the final days before death, did anyone use a telephone or cell phone to call for help?	1. Yes 2. No 9. Doesn't know		
9034	Over the course of illness, did the total costs of care and treatment prohibit other household payments?	1. Yes 2. No 9. Doesn't know		
9035	[Is there a need to collect civil registration numbers on the deceased?]	1. Yes 2. No	→ 10001	

9036	Do you have a death registration certificate? <i>If 'Yes', ask to see a certificate and take a picture.</i>	1. Yes (take picture) 2. No	→ 10001 (flagged) → 10001	If 1, flag questions 9037-9040 for central team to extract data from picture.
9037	[Death registration number/certificate] <i>Enter "-" if this information is not available.</i>			
9038	[Date of registration]	1. Day ___ 2. Month ___ 3. Year _____		1- [0:31] 2- [1:12] 3- [2001:2019]
9039	[Place of registration] <i>Enter a "-" if this information is not available.</i>	Text		
9040	[National identification number of deceased] <i>For children with no ID number, use the mother's ID. If mother's ID is not available, use the father's ID. If none, record '-'. </i>	SL _____		8 digits or '-'
10001	Was a death certificate issued?	1. Yes 2. No 9. Doesn't know	→ 12001 → 12001	
10002	Can I see the death certificate? <i>If yes, take a picture of the death certificate.</i>	1. Yes (take picture) 2. No		If 1, flag for central team to extract data from picture.
			→ 2001 (see note)	Add new deaths until the number matches Q150 from enumeration database; questions 13003 and 13007-13011 are auto-populated for each death.
12001	I would like to take your blood pressure again. [Record systolic blood pressure (left arm – sitting) of the respondent.]	mmHg _____		[80:250]
12002	[Record diastolic blood pressure (left arm – sitting) of the respondent.]	mmHg _____		[40:180]
12003	[Record heart rate of the respondent.]	Beats per minute _____		[40:200]
12004	We are happy to offer you ID cards that look like this. [Show surveyor's ID card.] Would you like to have one?	1. Yes (take picture) 2. No	→ End the Interview	
12005	What is the name to appear on the card?	Text		
12006	What is the date of birth to appear on the card?	1. Day ___ 2. Month ___ 3. Year _____		1- [1:31] 2- [1:12] 3- [1920:2019]

12007	What is the address to appear on the card?	Text		
12008	What is the telephone number to appear on the card?	Phone # 0 ____ _		Numeric, 8 digits
12009	We can provide an ID card for one other member of the household. Would you like another one?	1. Yes (take picture) 2. No	→ End the Interview	
12010	What is the name to appear on the card?	Text		
12011	What is the date of birth to appear on the card?	1. Day ____ 2. Month ____ 3. Year ____		1- [1:31] 2- [1:12] 3- [1920:2019]
12012	What is the address to appear on the card?	Text		
12013	What is the telephone number to appear on the card?	Phone # 0 ____ _	→ End the Interview	Numeric, 8 digits
NOTE: THE FOLLOWING QUESTIONS ARE FOR AUTO-POPULATION TO COMPLETE AND ARE NOT TO BE ASKED TO RESPONDENTS.				
13001	[Is this a region of high HIV/AIDS mortality?] <i>Should be completed by the central office. HIGH corresponds to >1% of deaths, LOW around 0.1%, VERY LOW <0.01%</i>	1. High 2. Low 3. Very Low		
13002	[Is this a region of high malaria mortality?] <i>Should be completed by the central office. HIGH corresponds to >1% of deaths, LOW around 0.1%, VERY LOW <0.01%</i>	1. High 2. Low 3. Very Low		
13003	[During which season did (s)he die?]	1. Wet 2. Dry		
13004	[Name of VA interviewer]	Text		
13005	[Time at start of interview]	[hh: __mm __]		
13006	[Date of interview]	[dd/mm/yyyy]		
13007	[Address of the house]	Text		Auto-populated from SRS/CRVS
13008	[How old was the child?]	Days ____		
13010	[What was her/his citizenship/nationality?]	1. Citizen at birth 2. Naturalized citizen 3. Foreign national 9. Doesn't know		
13011	[What was her/his ethnicity?]	Text		
13012	[What was her/his place of birth?]	Text		
13013	[What was her/his place of usual residence? (the place where the person lived most of the year)]	Text		
13014	[Where did the death occur? (specify country, province, district, village)]	Text		
13021	[Time at end of interview]	[hh: __mm __]		

List of symptoms with an associated number for sequence	Common CODs with sequence
1. Injury 2. Fever 3. cough 4. Difficulty Breathing 6. Loose or liquid stool 7. Vomit 9. Unconscious 10. Convulsions 12. Skin problem 17. Jaundice / Yellow discoloration 21. Bleeding 19. Child birth Details 20. Pregnancy Details	1. Prematurity/ LBW→0,20, 19, 4, 3, 2, 7, 6, 9, 10, 17, 12, 21, 1 2. Infections→0, 2, 4, 3, 6, 7, 9, 10, 12, 17, 21, 19, 20, 1 3. Birth Asphyxia/ trauma→0,19, 20, 4, 7, 3, 9, 10, 2, 6, 12, 17, 21, 1 4. Congenital Problems→0,19, 20, 4, 7, 10, 2, 3, 9, 6, 12, 17, 21, 1 5. Diarrhoea →0, 6, 7, 2, 4, 3, 9, 10,12, 17, 21, 19, 20, 1 6. Pneumonia→0,4, 3, 2, 9, 10, 12, 7, 6, 17, 21, 19, 20, 1 7. Injury→0,1, 9, 10, 7, 4, 2, 3, 6, 12, 17, 21, 19, 20 8. Other or unknown cause→0, 1, 2, 3, 4, 6, 7, 9, 10, 12, 17, 21, 19, 20