SAVE child e-VA Instrument v1.4 (dated May 3rd) – Sierra Leone
Questionnaire for the death of a child aged 28 days to 11 years

<u>Instructions for use of the tool</u>
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
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.*				
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?** *Record the head's full name.*	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?** *Record the head's age as of his/her last birthday. Record '99' if don't know the age*	Years __ __		[18:99]
1008	**[Is the head of the household the same person as previously recorded?]** *Name should match phonetically, sex must match, and age should be within 2 years.*	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?** *Enter more than one if applicable.*	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?** *Use local term for alcohol.*	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- [2001:2019] Adjust according to survey date (data collected for death in last 3 years for baseline, or 1 year for main SRS follow-up, and birth date must be <12 years before that; if earlier, alert to use Adult form)

2005	When did (s)he die?	1. Day __ __ 2. Month __ __ 3. Year __ __ __ __		1- [1:31] 2- [1:12] 3- [2015:2019] Configure year to accept 0-3 years before survey date; 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? *Record the full name of the deceased's father.*	Text		alphabetic, Min_length[3]
2010	What was the name of the mother? *Record the full name of the deceased's mother.*	Text		alphabetic, Min_length[3]
3001	What do you (respondent) think the deceased died of?	Text		
3002	[Select the appropriate respondent's cause of death from the drop-down menu]	1. Pneumonia/TB/asthma 2. Diarrhoea 3. Infections / typhoid / viral fever / jaundice / fever 4. Injury/accident 5. Measles 6. Meningitis (brain fever) 7. Malaria 8. Nutritional/malnutrition 9. Kidney problem / endocrine disease 10. Liver problem 11. Cancer 12. Other or unknown cause		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

5001	**Did (s)he suffer from any injury or accident that led to her/his death?**	1. Yes 2. No 9. Doesn't know	 → 6002 → 6002	
5002	**What was the nature of the injury or accident?** *Hanging option is applicable only if age at death ≥10 years*	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. Hanging 10. Electrocution 11. Burns/fire 12. Injured by a firearm 13. Bite or sting 14. Stabbed/cut/pierced 15. Strangled 16. Flood 17. Earthquake 18. Other 99. Doesn't know	→ 5007 → 5009 → 6002 → 6002	Multi-select 8. Hanging option enabled only for age ≥10 years 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 13 are selected, skip to 5007)
5003	**Was (s)he subject to violence (homicide, abuse)?**	1. Yes 2. No 9. Doesn't know		
5004	**Was the injury accidental?**	1. Yes 2. No 9. Doesn't know	→ 6002	
5006	**Was the injury intentionally inflicted by someone else?**	1. Yes 2. No 9. Doesn't know	→ 6002	Skip changes to 5007 if 1 was chosen or 5009 if 13 was chosen in Q5002
5007	**What was her/his role in the road traffic accident?**	1. Pedestrian 2. Driver or passenger in car or light vehicle 3. Driver or passenger in bus or heavy vehicle 4. Driver or passenger on a motorcycle 5. Driver or 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: 6002	Select- only one Skip is implemented if 13 was not chosen in Q5002
5009	What was the animal/insect?	1. Dog 2. Snake 3. Insect or scorpion 4. Other 9. Doesn't know		Select- only one
6002	Before the illness that led to death, was the child growing normally?	1. Yes 2. No 9. Doesn't know		Question wording differs from neonate form ("child" instead of "baby")
6004	For how long was (s)he ill before death? *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ - Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:12]
6005	Did (s)he die suddenly? *Suddenly means died unexpectedly within 24 hours of being in regular health*	1. Yes 2. No 9. Doesn't know		
6006	Was there any diagnosis by a health professional of the following? *Enter more than one if applicable.* *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*	1. Tuberculosis 2. HIV/AIDS 3. Recent positive test for malaria 4. Recent negative test for malaria 5. Dengue fever 6. Measles 7. Heart disease 8. Diabetes 9. Asthma 10. Epilepsy 11. Cancer 12. Sickle cell disease 13. Kidney disease 14. Liver disease 15. None of the above		Multi-select

6007	Was an HIV test ever positive?	1. Yes 2. No 9. Doesn't know		
7001	Did (s)he have a fever?	1. Yes 2. No 9. Doesn't know	→ 7007 → 7007	
7003	For how long did the fever last? *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ - Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]
7004	Did the fever continue until death?	1. Yes 2. No 9. Doesn't know		
7005	How severe was the fever?	1. Mild 2. Moderate 3. Severe 9. Doesn't know		Select- only one
7006	What was the pattern of the fever?	1. Continuous 2. On and off 3. Only at night 9. Doesn't know		Select- only one
7007	Did (s)he have night sweats?	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	
7009	For how long did (s)he have a cough? *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ - Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]
7010	Was the cough productive, with sputum?	1. Yes 2. No 9. Doesn't know		
7011	Was the cough very severe?	1. Yes 2. No 9. Doesn't know		

7012	**Did (s)he cough up blood?**	1. Yes 2. No 9. Doesn't know		
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	
7017	**For how long did the difficult breathing last?** *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ 3. Years __ __ - Doesn't know		Days,Months,Years=<Age at Death Select 1- [0:30] 2- [1:11]
7018	**Was the difficulty continuous or on and off?**	1. Continuous 2. On and off 9. Doesn't know		Select- only one
7019	**During the illness that led to death, did (s)he have fast breathing?**	1. Yes 2. No 9. Doesn't know	→ 7022 → 7022	
7021	**How long did the fast breathing last?** *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ - Doesn't know		Select 1- [0:30] 2- [1:60]
7022	**Did (s)he have breathlessness?**	1. Yes 2. No 9. Doesn't know	→ 7027 → 7027	
7024	**How long did (s)he have breathlessness?** *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ - Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]
7027	**Did you see the lower chest wall/ribs being pulled in as the child breathed in?** *Show photos/video (if available).*	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

7030	Did (s)he have chest pain?	1. Yes 2. No 9. Doesn't know	→ 7034 → 7034	
7032	How many days before death did (s)he have chest pain? *Less than 1 day = '0'.*	Days __ __ - Doesn't know		[0:30]
7034	Did (s)he have more frequent loose or liquid stools than usual? *Ask the respondent about his/her understanding of what is diarrhoea (having more frequent loose or liquid stools than usual); if unclear or wrong, explain to the respondent what diarrhoea is.*	1. Yes 2. No 9. Doesn't know	→ 7040 → 7040	
7035	How long did (s)he have frequent loose or liquid stools? *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ - Doesn't know		Select 1- [0:30] 2- [1:60]
7036	How many stools did the child have on the day that loose or liquid stools were most frequent?	No. of stools: __ __ - Doesn't know		[1:25] Question wording differs from neonate form ("child" instead of "baby")
7038	How long before death did the frequent loose or liquid stools start? *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ - Doesn't know		Select 1- [0:30] 2- [1:60]
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 → 7042	
7041	Was there blood in the stool up until death?	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	→ 7047 → 7047	No skip if 1 was selected in Q7042

7045	**Was there blood in the vomit?**	1. Yes 2. No 9. Doesn't know		
7046	**Was the vomit black?**	1. Yes 2. No 9. Doesn't know		
7047	**Did (s)he have any belly (abdominal) problem?** *Explain to the respondent that problems could be pain,* *protruding abdomen or a mass.*	1. Yes 2. No 9. Doesn't know	→ 7057 → 7057	
7048	**Did (s)he have belly (abdominal) pain?**	1. Yes 2. No 9. Doesn't know	→ 7052 → 7052	
7049	**Was the belly (abdominal) pain severe?**	1. Yes 2. No 9. Doesn't know		
7050	**For how long did (s)he have belly (abdominal) pain?** *Less than 1 day = '0'.*	1. Hours __ __ 2. Days __ __ 3. Months __ __ - Doesn't know		Days,Months=<Age at Death Select 1- [0:24] 2- [1:30] 3- [1:60]
7051	**Was the pain in the upper or lower belly (abdomen)?**	1. Upper abdomen 2. Lower abdomen 3. Upper and lower abdomen 9. Doesn't know		Select- only one
7052	**Did (s)he have a more than usually protruding belly (abdomen)?**	1. Yes 2. No 9. Doesn't know	→ 7055 → 7055	
7053	**For how long before death did (s)he have a more than usually protruding belly (abdomen)?** *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ - Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]
7054	**How rapidly did (s)he develop the protruding belly (abdomen)?**	1. Rapidly 2. Slowly 9. Doesn't know		
7055	**Did (s)he have any mass in the belly (abdomen)?**	1. Yes 2. No 9. Doesn't know	→ 7057 → 7057	

7056	**For how long did (s)he have a mass in the belly (abdomen)?** *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ - Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]
7057	**Did (s)he have a severe headache?**	1. Yes 2. No 9. Doesn't know		
7059	**Did (s)he have a stiff neck during illness that led to death?**	1. Yes 2. No 9. Doesn't know	→ 7061 → 7061	
7060	**How long before death did (s)he have stiff neck?** *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ - Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]
7061	**Did (s)he have a painful neck during the illness that led to death?**	1. Yes 2. No 9. Doesn't know	→ 7065 → 7065	
7062	**How long before death did (s)he have a painful neck?** *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ - Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]
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	→ 7068 → 7068	
7067	**How long before death did unconsciousness start?** *Less than 1 hour = '0'.*	1. Hours __ __ 2. Days __ __ - Doesn't know		Select 1- [0:24] 2- [1:99]
7068	**Did the unconsciousness start suddenly, quickly (at least within a single day)?**	1. Yes 2. No 9. Doesn't know		
7069	**Did the unconsciousness continue until death?**	1. Yes 2. No 9. Doesn't know		
7070	**Did (s)he have convulsions?**	1. Yes 2. No 9. Doesn't know	→ 7074 → 7074	

7071	**Did (s)he experience any generalized convulsions or fits during the illness that led to death?**	1. Yes 2. No 9. Doesn't know		
7072	**For how many minutes did the convulsions last?** *Less than 1 minute = '0'. Use 1 hour=60 minutes to determine the number of minutes.*	Minutes __ __ - Doesn't know		[0:60]
7073	**Did (s)he become unconscious immediately after the convulsion?**	1. Yes 2. No 9. Doesn't know		
7074	**Did (s)he have any urine problems?** *Explain to the respondent that urinary problems refer to urinating a lot or not at all, and blood in the urine.*	1. Yes 2. No 9. Doesn't know	→ 7079 → 7079	
7075	**Did (s)he go to urinate more often than usual?**	1. Yes 2. No 9. Doesn't know		
7076	**During the final illness did (s)he ever pass blood in the urine?**	1. Yes 2. No 9. Doesn't know		
7077	**Did (s)he stop urinating?**	1. Yes 2. No 9. Doesn't know		
7079	**Did (s)he have sores or ulcers anywhere on the body?**	1. Yes 2. No 9. Doesn't know	→ 7082 → 7082	
7081	**Did the sores have clear fluid or pus?**	1. Yes 2. No 9. Doesn't know		
7082	**Did (s)he have an ulcer (pit) on the foot?**	1. Yes 2. No 9. Doesn't know	→ 7085 → 7085	
7083	**Did the ulcer on the foot ooze pus?**	1. Yes 2. No 9. Doesn't know	→ 7085 → 7085	
7084	**How long did the ulcer on the foot ooze pus?** *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ - Doesn't know		Select 1- [0:30] 2- [1:60]

7085	During the illness that led to death, did (s)he have any skin rash?	1. Yes 2. No 9. Doesn't know	→ 7090 → 7090	
7086	For how many days did (s)he have the skin rash? *Less than 1 day = '0'.*	Days __ __ - Doesn't know		[0:30]
7087	Where was the rash?	1. Face 2. Trunk or abdomen 3. Extremities 4. Everywhere 9. Doesn't know		Multi-select
7088	Did (s)he have measles rash (use local term)?	1. Yes 2. No 9. Doesn't know		
7090	During the illness that led to death, did her/his skin flake off in patches?	1. Yes 2. No 9. Doesn't know		
7091	During the illness that led to death, did (s)he have areas of the 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	→ 7095 → 7095	
7094	Did (s)he bleed from the nose, mouth or anus?	1. Yes 2. No 9. Doesn't know		
7095	Did (s)he have noticeable weight loss?	1. Yes 2. No 9. Doesn't know		
7096	Was (s)he severely thin or wasted?	1. Yes 2. No 9. Doesn't know		
7097	During the illness that led to death, did (s)he have a whitish rash inside the mouth or on the tongue?	1. Yes 2. No 9. Doesn't know		

7098	Did (s)he have stiffness of the whole body or was unable to open the mouth?	1. Yes 2. No 9. Doesn't know		
7100	Did (s)he have puffiness of the face?	1. Yes 2. No 9. Doesn't know	→ 7102 → 7102	
7101	How long did (s)he have puffiness of the face? *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ - Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]
7102	During the illness that led to death, did (s)he have swollen legs or feet?	1. Yes 2. No 9. Doesn't know	→ 7105 → 7105	
7103	How long did the swelling last? *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ - Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]
7104	Did (s)he have both feet swollen?	1. Yes 2. No 9. Doesn't know		
7105	Did (s)he have general puffiness all over his/her body?	1. Yes 2. No 9. Doesn't know		
7106	Did (s)he have any lumps?	1. Yes 2. No 9. Doesn't know	→ 7111 → 7111	
7108	Did (s)he have any lumps on the neck?	1. Yes 2. No 9. Doesn't know		
7109	Did (s)he have any lumps on the armpit?	1. Yes 2. No 9. Doesn't know		
7110	Did (s)he have any lumps on the groin?	1. Yes 2. No 9. Doesn't know		
7111	Was (s)he in any way paralysed?	1. Yes 2. No 9. Doesn't know	→ 7114 → 7114	

7112	**Did (s)he have paralysis of only one side of the body?**	1. Yes 2. No 9. Doesn't know		
7113	**Which were the limbs or body parts paralysed?** *Enter more than one if applicable.*	1. Right side 2. Left side 3. Lower part of body 4. Upper part of body 5. One leg only 6. One arm only 7. Whole body 8. Other		Multi-select
7114	**Did (s)he have difficulty swallowing?**	1. Yes 2. No 9. Doesn't know	→ 7117 → 7117	
7115	**For how long before death did (s)he have difficulty swallowing?** *Less than 1 day = '0'.*	Days __ __ - Doesn't know		[0:30]
7116	**Was the difficulty with swallowing with solids, liquids, or both?**	1. Solids 2. Liquids 3. Both 9. Doesn't know		Select- only one
7117	**Did (s)he have pain upon swallowing?**	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	→ 7120 → 7120	
7119	**For how long did (s)he have the yellow discoloration?** *Less than 1 day = '0'.*	1. Days __ __ 2. Months __ __ - Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]
7120	**Did her/his hair change in colour to a reddish or yellowish colour?**	1. Yes 2. No 9. Doesn't know		
7121	**Did (s)he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?** *Long term deficiency of the blood results in a pale, whitish appearance of the lips, tongue, and eye sac. Sometimes it is referred to as thinning or lack of blood, or pallor.*	1. Yes 2. No 9. Doesn't know		

7122	**Did (s)he have sunken eyes?**	1. Yes 2. No 9. Doesn't know		
7123	**Did (s)he drink a lot more water than usual?**	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?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year
7125	**Did the baby ever suckle in a normal way?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year
7126	**Did the baby stop suckling?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know	→ 7129 → 7129	Enabled only for child <1 year
7128	**How long after birth did the baby stop suckling?** *Less than 1 day = '0'.* *Ask only if the child was <1 year old at death.*	1. Days __ __ 2. Months __ __ - Doesn't know		Select 1- [0:30] 2- [1:11] Enabled only for child <1 year
7129	**Did the baby have convulsions starting within the first 24 hours of life?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know	→ 7131	Enabled only for child <1 year
7130	**Did the baby have convulsions starting more than 24 hours after birth?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year
7131	**Did the baby's body become stiff, with the back arched backwards?**	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year
7132	**During the illness that led to death, did the baby have a bulging or raised fontanelle?** *Ask only if the child was ≤18 months old at death. Show photo (if available).*	1. Yes 2. No 9. Doesn't know	→ 7134	Enabled only for child ≤18 months
7133	**During the illness that led to death, did the baby have a sunken fontanelle?** *Ask only if the child was ≤18 months old at death. Show photo (if available).*	1. Yes 2. No 9. Doesn't know		Enabled only for child ≤18 months

7134	**During the illness that led to death, did the baby become unresponsive or unconscious?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know	 → 7209 → 7209	Enabled only for child <1 year
7135	**Did the child become unresponsive or unconscious soon after birth, within less than 24 hours?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know	→ 7209	Enabled only for child <1 year
7136	**Did the child become unresponsive or unconscious more than 24 hours after birth?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year
7209	**How old was the child when the fatal illness started?**	1. Months __ __ 2. Years __ __ - Doesn't know		Select 1- [1:11] 2- [1:11]
7210	**Was the child part of a multiple birth?** *Ask only if the child was <1 year old at death. If two or more children are born at the same time, it is counted as a multiple birth, even if one or more of the babies are born dead.*	1. Yes 2. No 9. Doesn't know	 → 7212 → 7212	Enabled only for child <1 year
7211	**Was the child the first, second, or later in the birth order?** *Ask only if the child was <1 year old at death.*	1. First 2. Second or later 9. Doesn't know		Select- only one Enabled only for child <1 year
7212	**Is the mother still alive?** *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.* *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know	→ 7215 → 7215	Enabled only for child <1 year
7213	**Did the mother die before, during or after the delivery?** *Ask only if the child was <1 year old at death.*	1. Before delivery 2. During delivery 3. After delivery 9. Doesn't know	→ 7215 → 7215 → 7215	Enabled only for child <1 year
7214	**How long after the delivery did the mother die?** *Ask only if the child was <1 year old at death. 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.*	1. Days __ 2. Weeks __ 3. Months __ __ - Doesn't know		Select 1- [0:6] 2- [1:7] 3- [2:60] Enabled only for child <1 year

7215	**Where was the deceased born?** *Ask only if the child was <1 year old at death. Read the question and slowly read the first 5 choices. Respondent should hear all 5 choices and then respond.*	1. Hospital 2. Other health facility 3. Home of the deceased 4. On route to hospital or facility 5. Other 9. Doesn't know		Select- only one Enabled only for child <1 year
7216	**Did you/the mother receive professional assistance during the delivery?** *Ask only if the child was <1 year old at death. Explain to the respondent what is meant by professional assistance: delivery attended by a medical professional (doctor, nurse or midwife).*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year 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?** *Ask only if the child was <1 year old at death. Show photos (if available).*	1. Yes 2. No 9. Doesn't know	→ 7221	Enabled only for child <1 year
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?** *Respondents may give the answer in kilograms. For the data entry, convert to grams. 1 kilogram=1,000 grams.* *Ask only if the child was <1 year old at death.*	Grams __ __ __ __ - Doesn't know		[1000:5000] Enabled only for child <1 year
7222	**How many months long was the pregnancy before the child was born?** *Ask only if the child was <1 year old at death.*	Months __ __ - Doesn't know		[6:10] Enabled only for child <1 year
7223	**Were there any complications in the late part of the pregnancy (defined as the last 3 months, before labour)?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year

7224	**Were there any complications during labour or delivery?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year
7225	**Was any part of the child physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on the body)** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know	→ 7229	Enabled only for child <1 year
7226	**Did the child have a swelling or defect on the back at time of birth?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		
7227	**Did the baby/child have a very large head at time of birth?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know	→ 7229	
7228	**Did the baby/child have a very small head at time of birth?** *Ask only if the child was <1 year old at death.*	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]
11001	**You said that (s)he had** [list positive symptoms]**. Which one occurred first? Second?** [Continue until all symptoms have been put in order.] *If '1' was previously selected for only one symptom, do not ask this question. If respondent does not know the order, enter the symptoms in the order they were asked about.*	1. 2. 3. 4. 5. 6.		Enabled only if '1. Yes' was selected for more than one symptom All positive symptoms appear, and the program requests the surveyor to put them in chronological order – follow exact same approach as in current e-VA.
	Thank you for the information. You mentioned that the deceased had some problems before death. Can you please tell me about any medical treatment that they received for these problems? *USE THIS SPACE to take notes on details of medical treatment that the deceased received during the illness that led to death, as well as any additional probing of positive symptoms during the narrative. For paper forms, refer to the reminders (attached separately) for additional information to probe for each positive symptom.*			The format for the notes section is the same as in the current e-VA app. On left-hand side, summary of answers from probing of all positive symptoms appears in chronological order. Recording begins at the start of this section.

11002	[Narrative] **Thank you for your information. Now can you please tell me in your own words about the events that led to the death?** *Using the notes, read out the organised history to the respondent and get his/her confirmation before writing it below.* **Excuse me for a few minutes while I write out what you have told me.** _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			Minimum of 300 characters to be entered in the narrative text box Recording ends after completion of this question.
9001	**Did (s)he receive any treatment for the illness that led to death?**	1. Yes 2. No 9. Doesn't know	→ 9011 → 9011	
9002	**Did (s)he receive oral rehydration salts?**	1. Yes 2. No 9. Doesn't know		
9003	**Did (s)he receive (or need) intravenous fluids (drip) treatment?**	1. Yes 2. No 9. Doesn't know		
9004	**Did (s)he receive (or need) a blood transfusion?**	1. Yes 2. No 9. Doesn't know		
9005	**Did (s)he receive (or need) treatment/food through a tube passed through the nose?**	1. Yes 2. No 9. Doesn't know		
9006	**Did (s)he receive (or need) injectable antibiotics?**	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	→ 9010	
		9. Doesn't know	→ 9010	
9009	**Did (s)he have the operation within 1 month before death?**	1. Yes		
		2. No		
		9. Doesn't know		
9010	**Was (s)he discharged from the hospital very ill?**	1. Yes		
		2. No		
		9. Doesn't know		
9011	**Did (s)he receive any immunizations?**	1. Yes		
		2. No	→ 9015	
		9. Doesn't know	→ 9015	
9012	**Do you have the child's vaccination card?**	1. Yes		
		2. No	→ 9015	
9013	**Can I see the vaccination card?** *If yes, take a picture.*	1. Yes (take picture)	→ 9015 (flagged)	If 1, flag for central team to extract data from picture.
		2. No	→ 9015	
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	→ 9018	
		9. Doesn't know	→ 9018	

9016	**Where or from whom did you seek this care?** *Enter more than one if applicable.*	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?**	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?**	1. Yes 2. No	→ 9023	
9021	**Can I see the health records?** *If yes, take a picture.*	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.]	1. Day __ __ 2. Month __ __ 3. Year __ __ __ __ - Doesn't know		1- [0:31] 2- [1:12] 3- [2013:2019] Date must fall between birth and death dates
9023	**Has the deceased's (biological) mother ever been tested for HIV?**	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?**	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?	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?	1. Yes 2. No 9. Doesn't know		
9027	Were there any problems during admission to the hospital or health facility?	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?	1. Yes 2. No 9. Doesn't know		
9029	Were there any problems getting medications or diagnostic tests in the hospital or health facility?	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?	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?	1. Yes 2. No 9. Doesn't know		
9032	In the final days before death, was traditional medicine used?	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? *If 'Yes', ask to see a certificate and take a picture.*	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] *Enter "-" if this information is not available.*			

9038	[Date of registration]	1. Day __ __ 2. Month __ __ 3. Year __ __ __ __ - Doesn't know		1- [0:31] 2- [1:12] 3- [2001:2019]
9039	[Place of registration] *Enter a "-" if this information is not available.*	Text		
9040	[National identification number of deceased] *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 '-'.*	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?** *If yes, take a picture of the death certificate.*	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 of entries matches the enumeration database; questions 13003 and 13008-13018 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 __ __ __	→ End the Interview	[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?] *Should be completed by the central office. HIGH corresponds to >1% of deaths, LOW around 0.1%, VERY LOW <0.01%*	1. High 2. Low 3. Very Low		
13002	[Is this a region of high malaria mortality?] *Should be completed by the central office. HIGH corresponds to >1% of deaths, LOW around 0.1%, VERY LOW <0.01%*	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?]	1. Months __ __ 2. Years __ __		
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		
13018	[Was (s)he able to read and/or write?]	1. Yes 2. No 9. Doesn't know		

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. Breathing problem 5. Chest pain 6. Loose or liquid stool 7. Vomit 8. Abdominal problem 9. Unconsciousness 10. Convulsions 11. Urinary problem 12. Skin problem 13. Weight loss 14. Oedema 15. Lumps 16. Paralysis 17. Jaundice 18. Nil 19. Child birth details (for child < 1yr) 20. Pregnancy details (for child < 1yr)	1. Pneumonia/Tuberculosis/ Asthma→3, 4, 2, 5, 7, 12, 15, 13, 10, 9, 8, 6, 11, 17,14, 16, 1 2. Diarrhoea→6, 7, 2, 11, 8, 3, 4, 5, 9, 10, 12, 13, 17, 15, 14, 16, 1 3. Infections/Typhoid/Viral fever/ Jaundice/Fever →2, 3, 4, 7, 5, 6, 8, 17, 12, 11, 13, 15, 14, 10, 9, 16, 1 4. Injury/Accidental → 1, 9, 10, 7, 2, 3, 4, 5, 8, 16, 14, 11, 12, 6, 13, 15, 17 5. Malaria→2, 7, 8, 6, 3, 4, 5, 10, 9, 12, 11, 17, 13, 15, 14, 16, 1 6. Measles→2, 3, 12, 4, 5, 7, 6, 8, 10, 9, 15, 17, 11, 13, 14, 16, 1 7. Meningitis→2, 7, 10, 9, 3, 4, 5, 12, 15, 16, 8, 6, 11, 13, 14, 17, 1 8. Nutritional→ 13, 2, 6, 7, 8, 11, 12, 3, 4, 14, 15, 5, 9, 10, 17, 1, 16 9. Kidney problem→11, 8, 14, 7, 12, 2, 3, 4, 5, 9, 10, 13, 6, 15, 17, 1, 16 10. Liver problem→2, 17, 8, 7, 12, 3, 4, 5, 14, 9, 10, 11, 6, 13, 15, 1, 16 11. Neoplasms→13, 15, 2, 8,7, 12, 14, 17, 3, 4, 5, 6, 9, 10,11, 16, 1 12. Other or unknown cause→1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 13. Heart diseases→5, 4, 3, 7, 2, 14, 8, 9, 10, 13, 11, 12, 15, 17, 6, 1, 16 14. HIV→13, 12, 2, 6, 7, 15, 3, 4, 5, 8, 17, 10, 9, 11, 14, 16, 1 19 and 20 will follow the above sequence in child <1yr old.