

**VERBAL AUTOPSY QUESTIONNAIRE**

**FORM D**

<b>VAQ number:</b>	<input type="text"/>
<b>MUT6number:</b>	<input type="text"/>
<b>Interviewer (HH):</b>	<input type="text"/>
<b>Deceased:</b>	<input type="text"/>

<b>Questionnaire processing dates:</b>	
<b>Corrections completed</b>	<input type="text"/>
<b>R7 checklist marked</b>	<input type="text"/>
<b>Data entered</b>	<input type="text"/>

**QUESTIONNAIRE IDENTIFICATION**

Q101 **Census district:** \_\_\_\_\_

Q102 **Village:** \_\_\_\_\_

Q103 **Name of head of household:** \_\_\_\_\_

Q104 **Study site reference:**

Q105 **Household number:**

Q106 **Line number on household questionnaire:**

Q107 **Line number of key informant:**  other HHID   
**(PRINCIPAL CARER if available)**

**INTERVIEWER VISIT**

	Appointment			1	2	3
	Place	Date	Time			
Q108 <b>Date:</b>	_____	_____	_____	_____	_____	_____
Q109 <b>Time:</b>	_____	_____	_____	_____	_____	_____
Q110 <b>Interviewer (VAQ):</b>	_____	_____	_____	_____	_____	_____
Q111 <b>Result**:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CHECKED BY SUPERVISOR**

Q112 **Signature:** \_\_\_\_\_

Q113 **Date:** \_\_\_\_\_

**\*\*RESULT CODES**

- 1 Completed: principal carer
- 2 Completed: other
- 3 Not at home
- 4 Refused
- 5 Partially completed
- 6 Sick/hospital
- 8 Other (specify) \_\_\_\_\_

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q201	<b>Record the current time (24 hour clock).</b>	Hour / Minutes <input type="text"/> hr <input type="text"/> min	
Q202	<b>Record gender of (current) informant.</b>	Male 1 <input type="text"/> Female 2 <input type="text"/>	
Q203	<i>Did you live with NAME in the period leading to his/her death?</i>	Yes 1 <input type="text"/> No 2 <input type="text"/>	
Q204	<i>What relationship was NAME to you?</i>	Husband/wife 1 <input type="text"/> Father 2 <input type="text"/> Mother 3 <input type="text"/> Father-in-law 4 <input type="text"/> Mother-in-law 5 <input type="text"/> Grandfather 6 <input type="text"/> Grandmother 7 <input type="text"/> Uncle 8 <input type="text"/> Aunt 9 <input type="text"/> Brother (check not a cousin) 10 <input type="text"/> Sister (check not a cousin) 11 <input type="text"/> Brother-in-law 12 <input type="text"/> Sister-in-law 13 <input type="text"/> Son 14 <input type="text"/> Daughter 15 <input type="text"/> Son-in-law 16 <input type="text"/> Daughter-in-law 17 <input type="text"/> Nephew 18 <input type="text"/> Niece 19 <input type="text"/> Cousin 20 <input type="text"/> Other relative (specify) _____ 21 <input type="text"/> Not related: boy/girlfriend 22 <input type="text"/> Not related: other 23 <input type="text"/>	- Q206 - Q206 - Q206 - Q206 - Q206 - Q206 - Q206 - Q206 - Q206 - Q206 - Q206
Q205	<i>Was NAME a paternal or a maternal relative?</i>	Paternal 1 <input type="text"/> Maternal 2 <input type="text"/> Not applicable 99 <input type="text"/>	
Q206	<b>Record the sex of the deceased.</b>	Male 1 <input type="text"/> Female 2 <input type="text"/>	
Q207	<i>When was NAME born?</i>	Month (MM) & Year (YYYY) <input type="text"/> mth <input type="text"/> yr Don't know <input type="text"/> 98 <input type="text"/> 98	
Q208	<i>What was the date when NAME passed away?</i>	Month (MM) & Year (YYYY) <input type="text"/> mth <input type="text"/> yr Don't know <input type="text"/> 98 <input type="text"/> 98	
Q209	<i>How old was NAME when s/he passed away?</i> <b>Check consistency with Q207 &amp; Q208.</b>	Age <input type="text"/> yrs Don't know <input type="text"/> 998	
Q210	<i>What proportion of the household's income did NAME contribute before s/he became ill?</i>	75% plus 1 <input type="text"/> 50-74% 2 <input type="text"/> 25-49% 3 <input type="text"/> 10-24% 4 <input type="text"/> 5-9% 5 <input type="text"/> Under 5% 6 <input type="text"/> Not known 98 <input type="text"/>	
Q211	<i>What has happened to the household since NAME passed away?</i> <b>Relocated: only if whole household moved.</b>	Relocated 1 <input type="text"/> Dispersed 2 <input type="text"/> Continued 3 <input type="text"/> Not known 98 <input type="text"/>	- Q213 - Q213 - Q213
Q212	<i>What type of place did they move to?</i> <b>Record the name of the place.</b> _____	Large town or city 1 <input type="text"/> Small town 2 <input type="text"/> Growth point 3 <input type="text"/> Commercial estate/mine 4 <input type="text"/> Roadside business centre 5 <input type="text"/> Rural business centre 6 <input type="text"/> Communal/resettlement area 7 <input type="text"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q213	Where was NAME staying the night (before) s/he passed away?  <u>Record the name of the place.</u> _____	At home 1 Local hospital/clinic 2 District hospital 3 Harare 4 Mutare 5 Other (specify) 8	
Q214	How long was it from the time NAME first became ill to the time s/he passed away?	Days/Weeks/Months Don't know	<input type="text"/> <input type="text"/> <input type="text"/> 98 - Q216
Q215	For how much of this time did he/she stay in hospital and for how long was s/he cared for at home?  <u>Check total agrees with Q211.</u>	Hospital Home Don't know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 98
Q216	What relationship to him/her was NAME's principal carer when s/he was being looked after at home?	Respondent? <u>Enter codes from Q204/205.</u>	Y(1) N(2) <input type="text"/> <input type="text"/>
Q217	What age is the carer?		<input type="text"/> yrs
Q218	Did NAME ever receive pre- or post-test counselling for HIV?	Yes No Don't know	1 2 98
Q219	Did NAME ever have an HIV test?	Yes No Don't know	1 2 98 - Q228 - Q228
Q220	When did NAME last have an HIV test?	Month (MM) & Year (YYYY) Don't know	<input type="text"/> <input type="text"/> 98 98
Q221	Was the result of this test positive?	Yes No Don't know	1 2 98 - Q228 - Q228
Q222	Did NAME ever have a CD4 count test to find out whether s/he needed anti-retroviral treatment for HIV?	Yes No Don't know	1 2 98 - Q228 - Q228
Q223	When was the first time that NAME had a CD4 count test to find out whether s/he needed to start anti-retroviral treatment for HIV?	Month (MM) & Year (YYYY) Don't know	<input type="text"/> <input type="text"/> 98 98
Q224	Did the CD4 count indicate that NAME should start ARV treatment when s/he had this first test?	Yes No Don't know	1 2 98 - Q228
Q225	Did NAME ever had any further CD4 count tests to find out whether s/he needed to start ARV treatment?	Yes No Don't know	1 2 98 - Q228 - Q228
Q226	Did any of those CD4 counts ever indicate that NAME should start ARV treatment?	Yes No Don't know	1 2 98 - Q228 - Q228
Q227	When was the first CD4 count test that indicated that NAME should start ARV treatment?	Month (MM) & Year (YYYY) Don't know	<input type="text"/> <input type="text"/> 98 98
Q228	Did NAME ever take drugs that help to stop HIV from causing AIDS? i.e. ARVs.	Yes No Don't know	1 2 98 - Q230
Q229	What was the main reason NAME never took these drugs?	Too expensive Not available locally Not permitted by church Side effects Other (specify) _____ Don't know	1 2 3 4 5 98 - Q245 - Q245 - Q245 - Q245 - Q245 - Q245

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q230	How long before NAME died did s/he start taking these drugs?	Months/Years Months <input type="text"/> 1 Years <input type="text"/> 2 Don't know <input type="text"/> 98	
Q231	What was the date when s/he first started taking ARV drugs?  Check consistency with Q219.	Month (MM) & Year (YYYY) Don't know	<input type="text"/> mth <input type="text"/> yr <input type="text"/> 98 <input type="text"/> 98
Q232	Did NAME stop taking the drugs?	Yes No Don't know	1 <input type="text"/> 2 <input type="text"/> 98 <input type="text"/>
Q233	What was the date when NAME stopped taking ARV drugs?	Month (MM) & Year (YYYY) Don't know	<input type="text"/> mth <input type="text"/> yr <input type="text"/> 98 <input type="text"/> 98
Q234	Why did NAME stop taking the drugs?	Too expensive Not available locally Not permitted by church Side effects Other (specify) _____ Don't know	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 8 <input type="text"/> 98 <input type="text"/>
Q235	Were there particular times when NAME took these drugs?	All the time When he/she felt unwell When could afford or paid for Other (specify) _____	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 8 <input type="text"/>
Q236	Did NAME sometimes refuse or forget to take the drugs?	Never Occasionally Quite often	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>
Q237	Do you know the name for the type of drugs NAME was taking?	ARVs Cotrimoxazole Other (specify) _____ Don't know	1 <input type="text"/> 2 <input type="text"/> 8 <input type="text"/> 98 <input type="text"/>
Q238	How much was one month's supply?	US\$	<input type="text"/> US\$
Q239	Who paid for these drugs?  If more than one, tick all relevant boxes.	Available free (incl from NGOs etc.) Self (NAME) Caregiver Relative (besides caregiver) Friend Employer	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/>
Q240	Where did NAME get these drugs?	Local clinic/pharmacy District hospital Mutare/Harare Outside Zimbabwe Don't know	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 98 <input type="text"/>
Q241	How long did it take you or NAME to travel to the place where the drugs were provided?	Minutes Convert hours to mins if necessary.	<input type="text"/> mins
Q242	What mode of transport did NAME/you use to reach this place?	Foot Bicycle Motor vehicle Other (specify) _____	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 8 <input type="text"/>
Q243	Did NAME experience any unpleasant side effects when s/he was taking these drugs?	Yes No Don't know	1 <input type="text"/> 2 <input type="text"/> 98 <input type="text"/>
Q244	What were the main side effects?	_____ _____ _____	

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Q245	<p><i>Did you or NAME receive any of the following during the time that he/she was ill?</i></p> <p><u>Read through the list.</u></p> <p><u>Ask respondent whether there was a charge for the assistance &amp; to rate the help if received:</u></p> <p>1. Very helpful / effective 2. Somewhat helpful / effective 3. Not helpful / effective</p> <p><u>Note name of organisation providing pain relief:</u></p>	<table border="1"> <thead> <tr> <th></th> <th>Received</th> <th>Charged</th> <th>Rating</th> </tr> </thead> <tbody> <tr><td>Change in ARVs due to complications</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>TB treatment</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Treatment for oportunistic infections</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Cotrimoxazole</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Traditional medicine/ treatment</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Faith healing</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Stigma or discrimination</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Support from a PLWHA support group</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Training on how to care for PLWHA</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Nutrition help / advice</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Home-based care kit</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Home visit from VCW</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Home visit from nurse / doctor</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Home visit from n'anga / faith healer</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Hospital admission</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Hospice care</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Healthcare supplies (bleach, gloves ...)</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Materials (food, clothes, blankets)</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Psychosocial support - for the carer</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Psychosocial support - for the sick</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Psychos'l support - for NAME's child</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Material support for NAME's children</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Respite care for the carer</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> <tr><td>Treatment to relieve severe pain</td><td>Y(1) N(2)</td><td>Y(1) N(2)</td><td></td></tr> </tbody> </table>		Received	Charged	Rating	Change in ARVs due to complications	Y(1) N(2)	Y(1) N(2)		TB treatment	Y(1) N(2)	Y(1) N(2)		Treatment for oportunistic infections	Y(1) N(2)	Y(1) N(2)		Cotrimoxazole	Y(1) N(2)	Y(1) N(2)		Traditional medicine/ treatment	Y(1) N(2)	Y(1) N(2)		Faith healing	Y(1) N(2)	Y(1) N(2)		Stigma or discrimination	Y(1) N(2)	Y(1) N(2)		Support from a PLWHA support group	Y(1) N(2)	Y(1) N(2)		Training on how to care for PLWHA	Y(1) N(2)	Y(1) N(2)		Nutrition help / advice	Y(1) N(2)	Y(1) N(2)		Home-based care kit	Y(1) N(2)	Y(1) N(2)		Home visit from VCW	Y(1) N(2)	Y(1) N(2)		Home visit from nurse / doctor	Y(1) N(2)	Y(1) N(2)		Home visit from n'anga / faith healer	Y(1) N(2)	Y(1) N(2)		Hospital admission	Y(1) N(2)	Y(1) N(2)		Hospice care	Y(1) N(2)	Y(1) N(2)		Healthcare supplies (bleach, gloves ...)	Y(1) N(2)	Y(1) N(2)		Materials (food, clothes, blankets)	Y(1) N(2)	Y(1) N(2)		Psychosocial support - for the carer	Y(1) N(2)	Y(1) N(2)		Psychosocial support - for the sick	Y(1) N(2)	Y(1) N(2)		Psychos'l support - for NAME's child	Y(1) N(2)	Y(1) N(2)		Material support for NAME's children	Y(1) N(2)	Y(1) N(2)		Respite care for the carer	Y(1) N(2)	Y(1) N(2)		Treatment to relieve severe pain	Y(1) N(2)	Y(1) N(2)		
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Q246	<p><i>How did NAME's illness affect your own life?</i></p> <p><u>Read through list.</u></p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Dropped out of school</td><td>1</td><td>2</td></tr> <tr><td>Missed school</td><td>1</td><td>2</td></tr> <tr><td>Lost/gave up job</td><td>1</td><td>2</td></tr> <tr><td>Stress</td><td>1</td><td>2</td></tr> <tr><td>Illness</td><td>1</td><td>2</td></tr> <tr><td>Fewer friends</td><td>1</td><td>2</td></tr> <tr><td>More friends</td><td>1</td><td>2</td></tr> <tr><td>New regular sex partner</td><td>1</td><td>2</td></tr> <tr><td>New casual sex partner(s)</td><td>1</td><td>2</td></tr> <tr><td>Increased condom use</td><td>1</td><td>2</td></tr> <tr><td>Other (specify)</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Dropped out of school	1	2	Missed school	1	2	Lost/gave up job	1	2	Stress	1	2	Illness	1	2	Fewer friends	1	2	More friends	1	2	New regular sex partner	1	2	New casual sex partner(s)	1	2	Increased condom use	1	2	Other (specify)	1	2																																																																	
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Q247	<p><i>How difficult was it for you to provide care for NAME?</i></p>	<table border="1"> <tbody> <tr><td>Easy</td><td>1</td><td></td></tr> <tr><td>Difficult</td><td>2</td><td></td></tr> <tr><td>Very difficult</td><td>3</td><td></td></tr> </tbody> </table>	Easy	1		Difficult	2		Very difficult	3																																																																																													
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Q248	<p><i>Did the death of NAME leave you feeling:</i></p> <p>1. Lonely 2. Life is not worth living 3. Resilient about the future 4. Able to do your job properly 5. People are wonderful 6. Scared 7. Determined</p>	<table border="1"> <thead> <tr> <th></th> <th>Very</th> <th>A little</th> <th>Not much</th> </tr> </thead> <tbody> <tr><td>Lonely</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Not worth living</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Resilient about future</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Do job properly</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Wonderful</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Scared</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>Determined</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		Very	A little	Not much	Lonely	1	2	3	Not worth living	1	2	3	Resilient about future	1	2	3	Do job properly	1	2	3	Wonderful	1	2	3	Scared	1	2	3	Determined	1	2	3																																																																					
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Q249	<p><i>How many other members of the deceased's household have died in the last 3 years?</i></p>	<p>Number <input type="text"/></p>																																																																																																					
Q250	<p><i>How many spouses/regular partners did NAME have in his/her lifetime?</i></p> <p><u>Regular, cohabiting or &gt;12 months.</u></p> <p><u>Ask questions Q238 to Q249 for the most recent most recent spouse, then the previous, and so on ...</u></p>	<p><u>For women, record number of other wives the husband had and use columns 2-4 to record the same details for these co-wives.</u></p> <table border="1"> <tbody> <tr> <td>Spouse/regular</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Co-wife</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> </tbody> </table>	Spouse/regular	1	1	1	1	Co-wife	2	2	2	2	<p>- Q301 if '0'</p>																																																																																										
Spouse/regular	1	1	1	1																																																																																																			
Co-wife	2	2	2	2																																																																																																			
Q251	<p><i>In what year did NAME and PARTNER marry/begin their relationship?</i></p>	<table border="1"> <thead> <tr> <th>Years</th> <th>yr</th> <th>yr</th> <th>yr</th> <th>yr</th> </tr> </thead> <tbody> <tr> <td>Don't know</td> <td>98</td> <td>98</td> <td>98</td> <td>98</td> </tr> </tbody> </table>	Years	yr	yr	yr	yr	Don't know	98	98	98	98																																																																																											
Years	yr	yr	yr	yr																																																																																																			
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Q252	<p><i>Is PARTNER still alive?</i></p>	<table border="1"> <tbody> <tr><td>Yes</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>No</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>Don't know</td><td>98</td><td>98</td><td>98</td><td>98</td></tr> </tbody> </table>	Yes	1	1	1	1	No	2	2	2	2	Don't know	98	98	98	98	<p>- Q256</p> <p>- Q256</p>																																																																																					
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Q253	<p><i>Did PARTNER die before or after NAME passed away?</i></p>	<table border="1"> <tbody> <tr><td>Before</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>After</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> </tbody> </table>	Before	1	1	1	1	After	2	2	2	2																																																																																											
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Q254	How many years before/after NAME passed away did PARTNER die?	Years <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">yr</td> <td style="width: 25%; text-align: center;">yr</td> <td style="width: 25%; text-align: center;">yr</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> </tr> </table> Don't know		yr	yr	yr		98	98	98																																										
	yr	yr	yr																																																	
	98	98	98																																																	
Q255	What were the main symptoms that PARTNER was suffering from before he/she passed away?  <u>Ask for others.</u>	HIV/AIDS Fever - malaria Sickness/vommiting Diarrhoea/weight loss Swollen lymph nodes Skin complaints/rashes Genital conditions Fever - other Flu/pneumonia Tuberculosis Accident/wound Other (specify)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">12</td> <td style="width: 25%; text-align: center;">12</td> <td style="width: 25%; text-align: center;">12</td> <td style="width: 25%; text-align: center;">12</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">7</td> <td style="text-align: center;">7</td> <td style="text-align: center;">7</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">9</td> <td style="text-align: center;">9</td> <td style="text-align: center;">9</td> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">10</td> <td style="text-align: center;">10</td> <td style="text-align: center;">10</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">11</td> <td style="text-align: center;">11</td> <td style="text-align: center;">11</td> </tr> </table>	12	12	12	12	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9	9	9	10	10	10	10	11	11	11	11	Q259 if partner died first (Q253)
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Q256	Has PARTNER married again or resumed sexual activity since NAME passed away?	Married again Resumed sex Neither Don't know	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> </tr> </table>	1	1	1	1	2	2	2	2	3	3	3	3	98	98	98	98	Q259 Q259																																
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Q257	After how many months did PARTNER remarry?	0-24 Don't know	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">mth</td> <td style="width: 25%; text-align: center;">mth</td> <td style="width: 25%; text-align: center;">mth</td> <td style="width: 25%; text-align: center;">mth</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> </tr> </table>	mth	mth	mth	mth		98	98	98																																									
mth	mth	mth	mth																																																	
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Q258	Was the new spouse related to NAME?	Yes: brother/sister Yes: other (specify) No Don't know	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> </tr> </table>	1	1	1	1	2	2	2	2	3	3	3	3	98	98	98	98																																	
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Q259	Were NAME and PARTNER living together at the time NAME died? <u>Tick "Yes" if NAME was in the clinic/hospital but previously staying together.</u>	Yes No PARTNER already died Don't know	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> </tr> </table>	1	1	1	1	2	2	2	2	3	3	3	3	98	98	98	98	Q262 Q301																																
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Q260	What was their reason for living apart?	Work reasons Separated (married) Hospitalised: PARTNER Other (specify) Don't know	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> </tr> </table>	1	1	1	1	2	2	2	2	3	3	3	3	8	8	8	8	98	98	98	98																													
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Q261	Where was PARTNER living before NAME died? <u>Record the name of the place.</u>  1. _____ 2. _____ 3. _____ 4. _____	Large town or city Small town Growth point Estate/mine Roadside BC Rural BC Communal area Don't know	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">7</td> <td style="text-align: center;">7</td> <td style="text-align: center;">7</td> </tr> <tr> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> </tr> </table>	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	98	98	98	98																	
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Q262	Where is PARTNER living now? <u>Record the name of the place.</u>  1. _____ 2. _____ 3. _____ 4. _____	Same household Same place/village Large town or city Small town Growth point Estate/mine Roadside BC Rural BC Communal area Don't know	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">7</td> <td style="text-align: center;">7</td> <td style="text-align: center;">7</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">9</td> <td style="text-align: center;">9</td> <td style="text-align: center;">9</td> </tr> <tr> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> </tr> </table>	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9	9	9	98	98	98	98									
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Q301	<p><i>Where did NAME go to obtain assistance when he/she was ill?</i></p> <p><u>Record total visits made to each in the first column, then record first person/place in the second column, second person in the third column, and so on ...</u></p>	<table border="1"> <tr><td>Local clinic</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>District hospital</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Provincial hospital</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Private doctor</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>N'anga</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Faith healer</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Other (specify)</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	Local clinic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	District hospital	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Provincial hospital	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Private doctor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N'anga	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Faith healer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
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Q302	<p><i>How much money was spent in total in each case on each of the following?</i></p> <p><u>Ask for each person mentioned in Q301.</u></p> <p><u>Add up totals for each and overall.</u></p>	<table border="1"> <thead> <tr> <th></th> <th>Hosp.</th> <th>Pr. Doc</th> <th>N'anga</th> <th>F.H.</th> </tr> </thead> <tbody> <tr><td>Admission fees</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Consultation fees</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Drugs/treatments</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Transport</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Other accomodation</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Other (specify)</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><b>US\$ Total</b></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Don't know</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Hosp.	Pr. Doc	N'anga	F.H.	Admission fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Consultation fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Drugs/treatments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Transport	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other accomodation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>US\$ Total</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Don't know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Q303	<p><i>Approximately how much of the total costs was contributed by the following:</i></p> <p><u>Check total matches Q302.</u></p>	<table border="1"> <tbody> <tr><td>Deceased</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td>Spouse</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td>Household residents (other)</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td>Relatives living elsewhere</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td>Friends/neighbours</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td>Visitors' contributions</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td>Deceased's employer</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td>Other (specify)</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td><b>Total</b></td><td><input type="text"/></td><td>US\$</td></tr> </tbody> </table>	Deceased	<input type="text"/>	US\$	Spouse	<input type="text"/>	US\$	Household residents (other)	<input type="text"/>	US\$	Relatives living elsewhere	<input type="text"/>	US\$	Friends/neighbours	<input type="text"/>	US\$	Visitors' contributions	<input type="text"/>	US\$	Deceased's employer	<input type="text"/>	US\$	Other (specify)	<input type="text"/>	US\$	<b>Total</b>	<input type="text"/>	US\$																			
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<b>Total</b>	<input type="text"/>	US\$																																														
Q304	<p><i>How much money was spent on the funeral and memorial services?</i></p>	<table border="1"> <thead> <tr> <th></th> <th>Funeral</th> <th>Memorial</th> </tr> </thead> <tbody> <tr> <td><b>Funeral / Memorial expenses</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Funeral	Memorial	<b>Funeral / Memorial expenses</b>	<input type="text"/>	<input type="text"/>																																								
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Q305	<p><i>Approximately how much of the total costs was contributed by the following:</i></p> <p><u>Check total matches Q304.</u></p>	<table border="1"> <tbody> <tr><td>Deceased's savings</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td>Spouse</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td>Household residents (other)</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td>Relatives living elsewhere</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td>Friends/neighbours</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td>Burial society</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td>Deceased's employer</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td>Other (specify)</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td><b>Total</b></td><td><input type="text"/></td><td>US\$</td></tr> </tbody> </table>	Deceased's savings	<input type="text"/>	US\$	Spouse	<input type="text"/>	US\$	Household residents (other)	<input type="text"/>	US\$	Relatives living elsewhere	<input type="text"/>	US\$	Friends/neighbours	<input type="text"/>	US\$	Burial society	<input type="text"/>	US\$	Deceased's employer	<input type="text"/>	US\$	Other (specify)	<input type="text"/>	US\$	<b>Total</b>	<input type="text"/>	US\$																			
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<b>Total</b>	<input type="text"/>	US\$																																														
Q306	<p><i>How much was raised through sales of household assets to meet these costs?</i></p>	<table border="1"> <tbody> <tr><td>Health/care costs</td><td><input type="text"/></td><td>US\$</td></tr> <tr><td>Funeral/memorial expenses</td><td><input type="text"/></td><td>US\$</td></tr> </tbody> </table>	Health/care costs	<input type="text"/>	US\$	Funeral/memorial expenses	<input type="text"/>	US\$																																								
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Q307	<p><i>Which of these types of assets were sold?</i></p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Radio</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Television</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Bicycle</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Furniture</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Refridgerator</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Kitchen/cooking equipment</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Cattle</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Other (specify)</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Yes	No	Radio	<input type="text"/>	<input type="text"/>	Television	<input type="text"/>	<input type="text"/>	Bicycle	<input type="text"/>	<input type="text"/>	Furniture	<input type="text"/>	<input type="text"/>	Refridgerator	<input type="text"/>	<input type="text"/>	Kitchen/cooking equipment	<input type="text"/>	<input type="text"/>	Cattle	<input type="text"/>	<input type="text"/>	Other (specify)	<input type="text"/>	<input type="text"/>																			
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Other (specify)	<input type="text"/>	<input type="text"/>																																														
Q308	<p><i>Was NAME in paid employment at the time he/she became ill?</i></p>	<table border="1"> <tbody> <tr><td>Yes</td><td><input type="text"/></td><td>1</td></tr> <tr><td>No</td><td><input type="text"/></td><td>2</td></tr> <tr><td>Don't know</td><td><input type="text"/></td><td>98</td></tr> </tbody> </table>	Yes	<input type="text"/>	1	No	<input type="text"/>	2	Don't know	<input type="text"/>	98	<p>- Q314</p> <p>- Q314</p>																																				
Yes	<input type="text"/>	1																																														
No	<input type="text"/>	2																																														
Don't know	<input type="text"/>	98																																														
Q309	<p><i>Was this employment terminated when NAME became ill?</i></p>	<table border="1"> <tbody> <tr><td>Yes</td><td><input type="text"/></td><td>1</td></tr> <tr><td>No</td><td><input type="text"/></td><td>2</td></tr> <tr><td>Don't know</td><td><input type="text"/></td><td>98</td></tr> </tbody> </table>	Yes	<input type="text"/>	1	No	<input type="text"/>	2	Don't know	<input type="text"/>	98	<p>- Q312</p> <p>- Q312</p>																																				
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Don't know	<input type="text"/>	98																																														
Q310	<p><i>Did NAME receive any pension or termination payment when he/she lost his/her job?</i></p>	<table border="1"> <tbody> <tr><td>Yes: pension</td><td><input type="text"/></td><td>1</td></tr> <tr><td>Yes: termination payment</td><td><input type="text"/></td><td>2</td></tr> <tr><td>Yes: both</td><td><input type="text"/></td><td>3</td></tr> <tr><td>No</td><td><input type="text"/></td><td>4</td></tr> <tr><td>Don't know</td><td><input type="text"/></td><td>98</td></tr> </tbody> </table>	Yes: pension	<input type="text"/>	1	Yes: termination payment	<input type="text"/>	2	Yes: both	<input type="text"/>	3	No	<input type="text"/>	4	Don't know	<input type="text"/>	98	<p>- Q314</p> <p>- Q314</p>																														
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Don't know	<input type="text"/>	98																																														

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q311	<i>How much did he/she receive?</i>	Pension (per month) <input type="text"/> US\$ Termination payment <input type="text"/> US\$ Don't know 98 <input type="text"/>	
Q312	<i>Is NAME's spouse now receiving a widow's pension?</i>	Yes 1 <input type="text"/> No 2 <input type="text"/> Don't know 98 <input type="text"/>	- Q314 - Q314
Q313	<i>How much does he/she receive?</i>	Pension (per month) <input type="text"/> US\$	
Q314	<i>How much financial assistance has the spouse/family received from the Department of Social Welfare following NAME's death?</i>	School fees <input type="text"/> US\$ Housing allowance <input type="text"/> US\$ Subsistence allowance <input type="text"/> US\$ Don't know 98 <input type="text"/>	



"Now I would like to get some information about (NAME)'s children"...

LINE NO	LINE NO R5	DECEASED'S CHILDREN	SEX OF CHILD	DATE OF BIRTH	PMTCT	ALIVE AT R5	AGE AT DEATH	PARENT'S SURVIVAL	CHILD'S SURVIVAL	EDUCATION							CARE ARRANGEMENTS				INTERVIEW DONE?			
Q401	Q402	Q403	Q404	Q405	Q406	Q407	Q408	Q409	Q410	Q411	Q412	Q413	Q414	Q415	Q416	Q417	Q418	Q419	Q420	Q421	Q422	Q423	Q424	Q425
CHILDREN BORN BEFORE R5 SURVEY VISIT								To be completed in office.																
								Is (NAME)'s other natural parent still alive?	Note year died.	Is (NAME) still alive?	If dead: How old was (NAME) when he/she died?	Is (NAME) still in school?	Why did (NAME) leave school?	What is the highest level of education (NAME) has completed?	Has (NAME) passed Grade 7 exam? How many 'O' levels (NAME) has passed?	How many different* households (NAME) lived in regularly when (PARENT) was: (i) in good health (ii) unwell (iii) deceased?	Where was (NAME) living? A. when (PARENT) first became sick? B. when (PARENT) died? C. now?	What is the name of the person who was looking after (NAME) at this time? (A, B & C).	What is the relationship of this person to (NAME)?	Record child's R6 interview details if done.				
#		Enter line no from R5 Q	Copy names of children aged <16 years at the time of the R5 survey from questionnaire.	Record sex of child.	Record date of birth.	Was PMTCT received? If yes, ask which type.	Alive at R5 visit?	Note child's age when died.																
				M F	Mth Yr	MER NVP OtherNo/DK	Y N DK	Dys Mths Yrs	Y N DK	Year	Y N DK	Dys Mths Yrs	Y N	Code	Form	Grade	Gd7 'O's	Well Sick Died	Name of place	Code	Name of person	Code	Site MUT6NO	
1				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
2				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
3				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
4				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
5				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
6				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
7				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
8				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
9				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
10				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							
				1 2		1 2 3 8	1 2 8				1 2 8	1 2 8	1 2				1 2							

REASONS FOR LEAVING SCHOOL (Q414)

1. Insufficient funds
2. Found a job
3. To go to technical college
4. To go to university
5. Inadequate exam passes

6. Needed to help at home
7. Expelled: pregnancy
8. Expelled: other reasons
9. Pregnancy: left voluntarily
10. Other (specify)

PLACES OF RESIDENCE (Q421)

1. Large town or city
2. Small town
3. Growth point
4. Commercial estate/town
5. Roadside business centre (tarred)

6. Rural business centre
7. Communal/resettlement area

CARER'S RELATIONSHIP TO CHILD (Q424)

1. Natural mother
2. Natural father
3. Father's new/co-wife (stepmother)
4. Mother's new husband (stepfather)
5. Sister
6. Brother
7. Sister-in-law

8. Brother-in-law
9. Maternal uncle
10. Paternal uncle
11. Maternal grandfather
12. Paternal grandfather
13. Maternal grandmother
14. Paternal grandmother

\* State totals separately for each period - i.e.: \_including households stayed in in preceeding periods.

VERBAL AUTOPSY QUESTIONNAIRE: EFFECT OF DEATH ON DECEASED'S CHILDREN

Q. No:

"Now I would like to get some information about (NAME)'s children who were born since we came here the last time"... |

LINE NO	DECEASED'S CHILDREN	SEX OF CHILD	DATE OF BIRTH	PMTCT	ALIVE AT R5	AGE AT DEATH	CHILD'S MOTHER	PARENT'S SURVIVAL	CHILD'S SURVIVAL	AGE	HEALTH	CARE ARRANGEMENTS											
Q401	Q403	Q404	Q405	Q406	Q407	Q408	Q426	Q409	Q410	Q411	Q412	Q427	Q428	Q429	Q430	Q418	Q419	Q420	Q421	Q422	Q423	Q424	
	<b>CHILDREN BORN SINCE R4 SURVEY VISIT.</b> <b>Request list of new births.</b> <b>If no name yet given, indicate "No name".</b>	<i>Is (NAME) a boy or a girl?</i>	<i>In what month and year was (NAME) born?</i>	<i>Was PMTCT received?</i>  <i>If yes, ask which type.</i>	<i>Alive at R5 visit?</i>	<i>Note child's age when died.</i>	<i>If deceased was male: What was the name of the child's natural mother?</i>	<i>Is (NAME)'s other parent still alive?</i>	<i>Note year died.</i>	<i>Is (NAME) still alive?</i>	<i>If dead: How old was (NAME) when he/she died?</i>	<i>If alive: How old was (NAME) at his/her last birthday?</i>	<i>Is (NAME) thriving?</i> * <b>Observe child &amp; CHC.</b>	<b>Record child's weight from CHC.</b>	<i>Note whether immunizations are up to date.</i>	<i>How many different* households has (NAME) lived in regularly when (PARENT) was: (i) in good health (ii) unwell (iii) deceased?</i>	<i>Where was (NAME) living?</i> A. when (PARENT) first became sick? B. when (PARENT) died? C. now?	<i>What is the name of the person who was looking after (NAME) at this time? (A, B &amp; C).</i>	<i>What is the relationship of this person to (NAME)?</i>				
		M F	Mth Yr	MER NVP OtherNo/DK	Y N DK	Dys Mths Yrs		Y N DK	Year	Y N DK	Dys Mths Yrs	Mth Yr	Y N DK	kg	Y N	Well	Sick	Died	Name of place	Code	Name of person	Code	
1 01		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				A				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				B				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				C				
1 02		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				A				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				B				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				C				
1 03		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				A				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				B				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				C				
1 04		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				A				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				B				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				C				
1 05		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				A				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				B				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				C				
1 06		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				A				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				B				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				C				
1 07		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				A				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				B				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				C				
1 08		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				A				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				B				
		1 2		1 2 3 8				1 2 8		1 2 8			1 2 8		1 2				C				

"Just to make sure I have a complete listing" ...

Q431 Are there any other small children or infants that we have not yet listed?

Number:

Add each in table above.

Q432 Are there any small children or infants who have died that we have forgotten?

Number:

Add each in table above.

REASONS FOR LEAVING SCHOOL (Q414)

- 1. Insufficient funds
- 2. Found a job
- 3. To go to technical college
- 4. To go to university
- 5. Inadequate exam passes
- 6. Needed to help at home
- 7. Expelled: pregnancy
- 8. Expelled: other reasons
- 9. Pregnancy: left voluntarily
- 10. Other (specify)

PLACES OF RESIDENCE (Q421)

- 1. Large town or city
- 2. Small town
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CARER'S RELATIONSHIP TO CHILD (Q424)

- 1 Natural mother
- 2 Natural father
- 3 Father's new/co-wife (stepmother)
- 4 Mother's new husband (stepfather)
- 5 Sister
- 6 Brother
- 7 Sister-in-law
- 8. Brother-in-law
- 9. Maternal uncle
- 10. Paternal uncle
- 11. Maternal grandfather
- 12. Paternal grandfather
- 13. Maternal grandmother
- 14. Paternal grandmother
- 15. Father-in-law
- 16. Mother-in-law
- 17. Cousin
- 18. Other relation
- 19. No relation

\* i.e.: achieving milestones, not suffering from kwashiokor, HIV etc.

REF. QUESTIONS & FILTERS CODING CATEGORIES SKIP TO

**Q501** Ask the respondent for the illness/events that led to the death.

Horizontal lines for handwritten response to Q501.

**Q502** Ask for cause of death 1 according to the respondent.

Horizontal line for handwritten response to Q502.

**Q503** Ask for cause of death 2 according to the respondent.

Horizontal line for handwritten response to Q503.

**Q504** *Was NAME known to have ...*

- i) Tuberculosis?*
- ii) HIV/AIDS?*
- iii) (had) malaria (recently)?*
- iv) measles?*
- v) high blood pressure?*
- vi) heart disease?*
- vii) diabetes?*
- viii) asthma?*
- ix) epilepsy?*
- x) cancer? (specify site or type of cancer)*
- xi) chronic obstructive pulmonary disease (COPD)?*
- xii) dementia?*
- xiii) depression?*
- xiv) stroke?*
- xv) sickle cell disease?*
- xvi) kidney disease?*
- xvii) liver disease?*

	Yes	No	DK
Tuberculosis	1	2	98
HIV/AIDS	1	2	98
Malaria	1	2	98
Measles	1	2	98
High blood pressure	1	2	98
Heart disease	1	2	98
Diabetes	1	2	98
Asthma	1	2	98
Epilepsy	1	2	98
Cancer (specify)	1	2	98
COPD	1	2	98
Dementia	1	2	98
Depression	1	2	98
Stroke	1	2	98
Sickle Cell disease	1	2	98
Kidney disease	1	2	98
Liver disease	1	2	98

**Q505** *Was NAME known to have any other medically diagnosed illness?*  
If yes, specify illness.

Yes (specify)	_____	1	<input type="text"/>
No		2	<input type="text"/>
Don't know		98	<input type="text"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q506	<i>Did NAME die during the wet season?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q507	<i>Did NAME die during the dry season?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q508	<i>For how long was s/he ill before s/he died?</i>	Number Days Weeks Don't know	<input type="text" value="1"/> <input type="text" value="2"/> 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q509	<i>Did s/he die suddenly?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q510	<i>Did s/he suffer from any injury or accident that led to her/his death?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Q601 - Q601
Q511	<i>Did s/he suffer from a road traffic accident?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q512	<i>Was s/he injured in a non-road transport accident?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Q520 - Q520
Q513	<i>Was s/he injured in a fall?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q514	<i>Did s/he die of drowning?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q515	<i>Did s/he die from burns?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q516	<i>Did s/he suffer from any plant/animal/insect bite or sting that led to her/his death?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Q518 - Q518
Q517	<i>What caused this incident?</i>	Dog Snake Insect Plant Other (specify) _____ Don't know	1 2 3 4 8 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q518	<i>Was s/he injured by a force of nature?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q519	<i>Was there any poisoning?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q520	<i>Was s/he subject to violence or assault?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q521	<i>Was the injury or accident intentionally inflicted by someone else?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Q523 - Q523
Q522	<i>Was s/he injured by ... ?</i>	Fire arm Stab, cut or pierce Machinery Struck by an animal or object Other (specify) _____ Don't know	1 2 3 4 8 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q523	<i>Do you think that s/he committed suicide?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO	
Q601	<b>Check with Q206 for sex of deceased.</b>	Male Female	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q701
Q602	<i>Did she have an ulcer or swelling in the breast?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q603	<i>Did she have excessive vaginal bleeding in between menstrual periods?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q604	<i>Did her normal vaginal bleeding stopped naturally because of menopause?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q606 - Q606
Q605	<i>Did she have vaginal bleeding after menopause?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q606	<i>Was she pregnant or did she die within 6 weeks of giving birth?</i>	Yes - pregnant Yes - died within 6 weeks of giving birth No Don't know	1 2 3 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q701 - Q701
Q607	<i>Did she die during labour, but undelivered?</i>	Yes No Don't know NA - not yet in labour	1 2 98 99	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q611 - Q611
Q608	<i>Did she die within 24 hours after delivery?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q609	<i>Did she give birth to a live, healthy baby?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q610	<i>Was she breastfeeding at death?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q611	<i>How long was she pregnant?</i>	Number Don't know	Weeks Months 1 2 98	<input type="text"/> <input type="text"/>	
Q612	<i>How many births, including stillbirths, did she have before this baby?</i>	Number of births & stillbirths		<input type="text"/> <input type="text"/>	
Q613	<i>Did she have any previous C-section?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q614	<i>Did she die during or after a multiple pregnancy?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q615	<i>During pregnancy, did she suffer from high blood pressure?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q616	<i>Did she have foul smelling vaginal discharge during pregnancy or after delivery?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q617	<i>During the last 3 months of pregnancy, did she suffer from convulsions?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q618	<i>During the last 3 months of pregnancy, did she suffer from blurred vision?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO		
Q619	<i>Was there any vaginal bleeding during pregnancy or after delivery?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q624 - Q624
Q620	<i>Was there vaginal bleeding during during the first 6 months of pregnancy?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q621	<i>Was there vaginal bleeding during the last 3 months of pregnancy but before labour started?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q622	<i>Was there excessive vaginal bleeding during labour?</i>	Yes No Don't know NA - not yet in labour	1 2 98 99	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q624
Q623	<i>Was there excessive vaginal bleeding after delivering the baby?</i>	Yes No Don't know NA - died during labour	1 2 98 99	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q624	<i>Was she in labour for unusually long (more than 24 hours)?</i>	Yes No Don't know NA - not yet in labour	1 2 98 99	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q631
Q625	<i>Was the placenta not completely delivered?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q626	<i>Did she deliver or try to deliver an abnormally positioned baby?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q626	<i>Was the bay born more than one month early?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q627	<i>Did she have a normal vaginal delivery?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q629 - Q629
Q628	<i>What type of delivery was it?</i>	Forceps/vacuum Caesarean section Other (specify) _____ Don't know	1 2 8 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q629	<i>Where did she give birth?</i>	Hospital Other health facility Home In transit Other (specify) _____ Don't know	1 2 3 4 8 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q630	<i>Did she receive professional assistance for the delivery?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q631	<i>Did she attempt to terminate the pregnancy?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q632	<i>Did she recently have a pregnancy that ended in an abortion (spontaneous or induced)?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q633	<i>Did she have an operation to remove her uterus shortly before death?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO	
Q701	Was NAME ill shortly before s/he died?	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q801 - Q801
Q702	Did s/he have a fever?	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q705 - Q705
Q703	For how long did s/he have a fever?	Number Don't know	Days <input type="text" value="1"/> Weeks <input type="text" value="2"/> 98	<input type="text"/> <input type="text"/>	
Q704	Did s/he have night sweats?	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q705	Did s/he have a cough?	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q709 - Q709
Q706	For how long did s/he have a cough?	Number Don't know	Days <input type="text" value="1"/> Weeks <input type="text" value="2"/> 98	<input type="text"/> <input type="text"/>	
Q707	Was the cough productive with sputum?	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q708	Did s/he cough out blood?	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q709	Did s/he have any breathing problems?	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q717 - Q717
Q710	Did s/he have fast breathing?	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q712 - Q712
Q711	For how long did s/he have fast breathing?	Number Don't know	Days <input type="text" value="1"/> Weeks <input type="text" value="2"/> 98	<input type="text"/> <input type="text"/>	
Q712	Did s/he have breathlessness?	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q716 - Q716
Q713	For how long did s/he have breathlessness?	Number Don't know	Days <input type="text" value="1"/> Weeks <input type="text" value="2"/> 98	<input type="text"/> <input type="text"/>	
Q714	Was s/he unable to carry out daily routines due to breathlessness?	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q715	Was s/he breathless while lying flat?	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q716	Did s/he have noisy breathing (grunting or wheezing)?	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q717	Did s/he have severe chest pain?	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q718	Did s/he have diarrhea?	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q721 - Q721
Q719	For how long did s/he have diarrhea?	Number Don't know	Days <input type="text" value="1"/> Weeks <input type="text" value="2"/> 98	<input type="text"/> <input type="text"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q720	<i>At any time during the final illness was there blood in the stools?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q721	<i>Did s/he vomit?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q723 - Q723
Q722	<i>Did s/he vomit "coffee grounds" or bright red/blood?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q723	<i>Did s/he have any abdominal problem?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q730 - Q730
Q724	<i>Did s/he have severe abdominal pain?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q726 - Q726
Q725	<i>For how long before death did s/he have severe abdominal pain?</i>	Number Don't know	Days Weeks	<input type="text"/> <input type="text"/>	
Q726	<i>Did s/he have more than usual protruding abdomen?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q728 - Q728
Q727	<i>For how long did s/he have more than usual protruding abdomen?</i>	Number Don't know	Days Weeks	<input type="text"/> <input type="text"/>	
Q728	<i>Did s/he have any lump inside the abdomen?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q730 - Q730
Q729	<i>For how long did s/he have the lump inside the abdomen?</i>	Number Don't know	Days Weeks	<input type="text"/> <input type="text"/>	
Q730	<i>Did s/he have a severe headache?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q731	<i>Did s/he have a stiff or painful neck?</i>	Yes No Don't know	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q733 - Q733
Q732	<i>For how long did s/he have a stiff or painful neck?</i>	Number Don't know	Days Weeks	<input type="text"/> <input type="text"/>	
Q733	<i>Did s/he have mental confusion?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q735 - Q735
Q734	<i>For how long did s/he have mental confusion?</i>	Number Don't know	Days Months	<input type="text"/> <input type="text"/>	
Q735	<i>Was s/he unconscious for more than 24 hours?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q737 - Q737
Q736	<i>Did the unconsciousness start suddenly or quickly (at least within a single day)?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q737	<i>Did s/he have convulsions?</i>	Yes No Don't know	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q740 - Q740
Q738	<i>For how long did s/he have convulsions?</i>	Number of minutes Don't know		<input type="text"/> <input type="text"/>	



REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q739	<i>Did she become unconscious immediately after the convulsions?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q740	<i>Did s/he have any urine problems?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Q744 - Q744
Q741	<i>Did s/he pass no urine at all?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q742	<i>Did s/he go to urinate more often than usual?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q743	<i>During the final illness did s/he ever pass blood in the urine?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q744	<i>Did s/he have any skin problems?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Q751 - Q751
Q745	<i>Did s/he have any ulcers, abscess or sores anywhere except the feet?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q746	<i>Did s/he have any ulcers, abscess or sores on the feet that were not also on other parts of the body?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q747	<i>During the illness that led to death, did s/he have any skin rash?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Q751 - Q751
Q748	<i>For how long did s/he have the skin rash?</i>	Number Don't know	Days <input type="text" value="1"/> Weeks <input type="text" value="2"/> 98	<input type="text"/> <input type="text"/>
Q749	<i>Did s/he have measles rash?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q750	<i>Did s/he ever have shingles/herpes zoster?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q751	<i>Did s/he have bleeding from the nose, mouth, or anus?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q752	<i>Did s/he have weight loss?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Q754 - Q754
Q753	<i>Was s/he severely thin or wasted?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q754	<i>Did s/he have mouth sores or white patches in the mouth or on the tongue?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q755	<i>Did s/he have stiffness of the whole body or was unable to open the mouth?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q756	<i>Did s/he have swelling (puffiness) of the face?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q757	<i>Did s/he have both feet swollen?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q758	Did s/he have any lumps?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	- Q760
		Don't know	98	<input type="checkbox"/>	- Q760
Q759	Did s/he have any lumps in the ...?				
			Yes	No	DK
		Mouth (lumps or lesions)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 98
		Neck	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 98
		Armpit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 98
		Groin	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 98
Q760	Did s/he have paralysis of one side of the body?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		Don't know	98	<input type="checkbox"/>	
Q761	Did s/he have difficulty or pain while swallowing liquids?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		Don't know	98	<input type="checkbox"/>	
Q762	Did s/he have yellow discoloration of the eyes?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		Don't know	98	<input type="checkbox"/>	
Q763	Did her/his hair colour change to reddish or yellowish?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		Don't know	98	<input type="checkbox"/>	
Q764	Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		Don't know	98	<input type="checkbox"/>	
Q765	Did s/he have sunken eyes?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		Don't know	98	<input type="checkbox"/>	
Q766	Did s/he drink a lot more water than usual?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		Don't know	98	<input type="checkbox"/>	
Q767	Was s/he adequately vaccinated?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		Don't know	98	<input type="checkbox"/>	
Q768	Did s/he receive any treatment for the illness that led to death?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	- Q772
		Don't know	98	<input type="checkbox"/>	- Q772
Q769	What type of treatment did s/he receive (or needed): 1. Oral rehydration salts (ORS) 2. Intravenous fluids (drip) 3. Blood transfusion 4. Treatment/food through a tube passed through the nose 5. Injectable (IV or IM) antibiotics 6. Traditional medicine				
			Yes	No	DK
		ORS and/or treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 98
		Drip	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 98
		Blood transfusion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 98
		Through the nose	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 98
		Antibiotics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 98
		Traditional medicine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 98
Q770	Did s/he have (or needed) an operation for the illness?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	- Q772
		Don't know	98	<input type="checkbox"/>	- Q772
Q771	Did s/he have the operation within 1 month before death?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		Don't know	98	<input type="checkbox"/>	
Q772	Did s/he drink alcohol?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		Don't know	98	<input type="checkbox"/>	
Q773	Did s/he smoke tobacco (cigarette, cigar, pipe etc.)?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		Don't know	98	<input type="checkbox"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO	
Q801	<i>Do you have a death certifcate for the deceased?</i>	Yes	1	<input type="checkbox"/>	- End - End	
		No	2	<input type="checkbox"/>		
		Don't know	98	<input type="checkbox"/>		
Q802	<i>Can I see the death certificate?</i> <u>Check name.</u>	Correct	1	<input type="checkbox"/>		
		Incorrect	2	<input type="checkbox"/>		
Q803	<u>Copy date of death from the death certificate.</u>		Day	Month	Year	
			<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q803	<u>Copy date of issue of death certificate.</u>		Day	Month	Year	
			<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q804	<u>Copy the immediate cause of death.</u>	<hr/> <hr/> <hr/>				
Q805	<u>Copy the underlying cause of death.</u>	<hr/> <hr/> <hr/>				