VERBAL AUTOPSY QUESTIONNAIRE ***FORM D***

VAQ number:	
MUT number (B/L):	
Interviewer (HH):	
Deceased:	

Questionnaire processing dates:	
Corrections completed	
Follow-up checklist marked	
Data entered	

QUESTIONNAIRE IDENTIFICATION

Q101 **Census district:** _____ **EA:** ☐

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 (PRINCIPAL CARER if available):** other HHID ☐

INTERVIEWER VISIT

		Appointment			1	2	3
		Place	Date	Time			
Q108	**Date:**	_____	__	____	__	__	__
Q109	**Time:**	_____	__	____	__	__	__
Q110	**Interviewer (VAQ):**				__	__	__
Q111	**Result**:**				☐	☐	☐

CHECKED BY SUPERVISOR

Q112 **Signature:** _____

Q113 **Date:** _____

**RESULT CODES

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

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q201	**Record the current time (24 hour clock).**	**Hour / Minutes**	hr	mins	
Q202	**Record gender of (current) informant.**	**Male**	1		
		Female	2		
Q203	***What relationship was (NAME) to you?***	**Husband/wife**	1		**- Q205**
		Father	2		
		Mother	3		
		Father-in-law	4		**- Q205**
		Mother-in-law	5		**- Q205**
		Grandfather	6		
		Grandmother	7		
		Uncle	8		
		Aunt	9		
		Brother (check not a cousin)	10		**- Q205**
		Sister (check not a cousin)	11		**- Q205**
		Brother-in-law	12		
		Sister-in-law	13		
		Son	14		**- Q205**
		Daughter	15		**- Q205**
		Son-in-law	16		
		Daughter-in-law	17		
		Nephew	18		
		Niece	19		
		Cousin	20		
		Other relative (specify)	21		
		Not related	22		**- Q205**
Q204	***Was (NAME) a paternal or a maternal relative?***	**Paternal**	1		
		Maternal	2		
		Not applicable	99		
Q205	**Record the sex of the deceased.**	**Male**	1		
		Female	2		
Q206	***What was the date when (NAME) passed away?***	**Month/year**	mth	yr	
		Don't know	998		
Q207	***What proportion of the household's income did (NAME) contribute before he/she became ill?***	**75% plus**	1		
		50-74%	2		
		25-49%	3		
		10-24%	4		
		5-9%	5		
		Under 5%	6		
		Not known	98		
Q208	***What has happened to the household since (NAME) passed away?***	**Relocated**	1		
		Dispersed	2		**- Q210**
	Relocated: only if whole household moved.	**Continued**	3		**- Q210**
		Not known	98		**- Q210**
Q209	***What type of place did they move to?***	**Large town or city**	1		
		Small town	2		
		Growth point	3		
		Commercial estate/mine	4		
	Record the name of the place.	**Roadside business centre**	5		
		Rural business centre	6		
		Communal/resettlement area	7		
Q210	***Where was (NAME) staying the night (before) he/she passed away?***	**At home**	1		
		Local hospital/clinic	2		
		District hospital	3		
	Record the name of the place.	**Harare**	4		
		Mutare	5		
		Other (specify) _____	8		
Q211	***How long was it from the time (NAME) first became ill to the time he/she passed away?***		days	wks / mths	
		Don't know	98		**- Q213**
Q212	***For how much of this time did he/she stay in hospital and for how long was he/she cared for at home?***	**Hospital**	days	wks / mths	
	Check total agrees with Q211.	**Home**	days	wks / mths	
Q213	***What relationship to him/her was (NAME)'s principal carer when he/she was being looked after at home?***	**Respondent?**	Y(1)	N(2)	
		Enter codes from Q203/204.			
Q214	***What age is the carer?***		yrs		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES						SKIP TO
			Help? Y N	Type(s) 1 2		Charge Y N	Rating	
Q215	***Did you/the carer receive assistance from any of the following during (NAME)'s illness?***	**Neighbours**	1 2			1 2		
		Family/relatives	1 2			1 2		
		Church	1 2			1 2		
		CBDs	1 2			1 2		
		VCWs	1 2			1 2		
		Health clinic/MOH	1 2			1 2		
		Dept of Social Welfare	1 2			1 2		
		CHBC group	1 2			1 2		
		FASO	1 2			1 2		
		PLWA group (other)	1 2			1 2		
		Peer educators	1 2			1 2		
		Other (specify)	1 2			1 2		
Q216	***What were the main types of assistance these people provided?***	**Indicate in second & third columns in Q215. Record up to two main types of assistance.**						
	1. Training on how to care for the sick **2. Ongoing assistance with care tasks (bathing patient, cooking, cleaning etc.)** **3. Material things (food, cloths, blankets etc.)** **4. Money** **5. Medicine** **6. Healthcare supplies (bleach, gloves, bandages etc.)**	**7. Respite care** **8. Home visits to check on how you were doing** **9. Psychosocial support for the sick** **10. Psychosocial support for the carer** **11. Other**						
Q217	***Did these groups charge for their services?***	**Indicate in fourth column in Q215.**						
Q218	***How would you rate the help you received from these people?*** **1. Very helpful** **2. Somewhat helpful** **3. A little helpful**	**Indicate in final column in Q215.** **4. Good intentions but not very helpful** **5. More of a bother than a help**						
Q219	***Did you or anyone else in your household receive training in how to care for the sick?***	**Yes - self** 1 **Yes - other household member** 2 **No** 3						**- Q223**
Q220	***Who provided that training?***	**Health clinic/MOH** 1 **Church** 2 **Local NGO** 3 **Other (specify)** 8						
Q221	***What kind of training did they provide?*** **Check for other areas covered.**	**Physical health care** 1 **Comforting the sick** 2 **Counselling** 3 **Preventing illness spreading to others** 4 **Other (specify)** 8						
Q222	***Did the training meet your needs?***	**Yes** 1 **No** 2						
Q223	***Was medicine prescribed for (NAME)'s illness?***	**Yes** 1 **No** 2						**- Q225**
Q224	***Was (NAME) always able to obtain this medicine?***	**Yes** 1 **No - could not afford** 2 **No - not always available** 3 **Other (specify)** 8						
Q225	***Was (NAME) able to obtain care from the health clinic whenever it was thought necessary?***	**Yes** 1 **No** 2						**- Q227**
Q226	***Why was she/he not able to receive care from a health clinic?***	**Transport problems** 1 **Clinic charges too high** 2 **Clinic treatment ineffective (religion)** 3 **Clinic treatment ineffective (other)** 4 **Other (specify)** 8						
Q227	***How did (NAME)'s illness affect your own life?*** **Read through list.**		Yes	No				
		Dropped out of school	1	2				
		Missed school	1	2				
		Lost/gave up job	1	2				
		Stress	1	2				
		Illness	1	2				
		Other (specify)	1	2				
Q228	***How difficult was it for you to provide care for (NAME)?***	**Easy** 1 **Difficult** 2 **Very difficult** 3						

REF.	QUESTIONS & FILTERS	CODING CATEGORIES					SKIP TO
Q229	***How many spouses/regular partners did (NAME) have in his/her lifetime?*** **Regular = cohabiting or > 12 months.** **Ask questions Q230 to Q240 for the most recent spouse, then the previous, and so on ...**	**For women, record number of other wives the husband had and use columns 2-4 to record the same details for these co-wives.** **Spouse/regular** **Co-wife**		co-wives 1 2	1 2	1 2	
Q230	***In what year did (NAME) and (PARTNER) marry/begin their relationship?***		yr	yr	yr	yr	
		Don't know	98	98	98	98	
Q231	***Is (PARTNER) still alive?***	**Yes**	1	1	1	1	**- Q235**
		No	2	2	2	2	
		Don't know	98	98	98	98	**- Q235**
Q232	***Did (PARTNER) die before or after (NAME) passed away?***	**Before**	1	1	1	1	
		After	2	2	2	2	
Q233	***How many years before/after (NAME) passed away did (PARTNER) die?***		yrs	yrs	yrs	yrs	
		Don't know	98	98	98	98	
Q234	***What were the main symptoms that (PARTNER) was suffering from before he/she passed away?*** **Ask for others.**	**Fever - malaria**	1	1	1	1	**-**
		Sickness/vommiting	2	2	2	2	**-**
		Diarrhoea/weight loss	3	3	3	3	**- Go to**
		Swollen lymph nodes	4	4	4	4	**- Q237 if**
		Skin complaints/rashes	5	5	5	5	**- partner**
		Genital conditions	6	6	6	6	**- died**
		Fever - other	7	7	7	7	**- first**
		Flu/pneumonia	8	8	8	8	**- (Q232)**
		Tuberculosis	9	9	9	9	**-**
		Accident/wound	10	10	10	10	**-**
		Other (specify)	11	11	11	11	**-**
Q235	***Has (PARTNER) married again or resumed sexual activity since (NAME) passed away?***	**Married again**	1	1	1	1	
		Resumed sex	2	2	2	2	**- Q237**
		Neither	3	3	3	3	**- Q237**
		Don't know	98	98	98	98	
Q236	***After how many months did (PARTNER) remarry?***	**0-36**	mnths	mths	mths	mths	
		Don't know	98	98	98	98	
Q237	***Were (NAME) and (PARTNER) living together at the time (NAME) died?*** **Tick "Yes" if (NAME) was in the clinic/ hospital but previously staying together.**	**Yes**	1	1	1	1	**- Q240**
		No	2	2	2	2	
		PARTNER already died	8	8	8	8	**- Q301**
Q238	***What was their reason for living apart?***	**Work reasons**	1	1	1	1	
		Separated (married)	2	2	2	2	
		Hospitalised: PARTNER	3	3	3	3	
		Other (specify)	8	8	8	8	
Q239	***Where was (PARTNER) living before (NAME) died?*** **Record the name of the place.** 1. 2. 3. 4.	**Large town or city**	1	1	1	1	
		Small town	2	2	2	2	
		Growth point	3	3	3	3	
		Estate/mine	4	4	4	4	
		Roadside BC	5	5	5	5	
		Rural BC	6	6	6	6	
		Communal area	7	7	7	7	
Q240	***Where is (PARTNER) living now?*** **Record the name of the place.** 1. 2. 3. 4.	**Same household**	1	1	1	1	
		Same place/village	2	2	2	2	
		Large town or city	3	3	3	3	
		Small town	4	4	4	4	
		Growth point	5	5	5	5	
		Estate/mine	6	6	6	6	
		Roadside BC	7	7	7	7	
		Rural BC	8	8	8	8	
		Communal area	9	9	9	9	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES						SKIP TO
Q301	***Where did (NAME) go to obtain assistance when he/she was ill?*** **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 ...**	**Local clinic**		1	1	1	1	
		District hospital		2	2	2	2	
		Provincial hospital		3	3	3	3	
		Private doctor		4	4	4	4	
		N'anga		5	5	5	5	
		Faith healer		6	6	6	6	
		Other (specify)		8	8	8	8	
Q302	***How much money was spent in total in each case on each of the following?*** **Ask for each person mentioned in Q301.** **Add up totals for each and overall.**		**Hosp** ZS'000	**P Doc** ZS'000	**N'anga** ZS'000	**F.H.** ZS'000	**Visitors** ZS'000	
		Admission fees						
		Consultation fees						
		Drugs/treatments						
		Transport						
		Other accomodation						
		Other (specify)						
		ZS Total						
		Don't know	98	98	98	98	98	
Q303	***Approximately how much of the total costs was contributed by the following:*** **Check total matches Q302.**	**Deceased**				ZS		
		Spouse				ZS		
		Household residents (other)				ZS		
		Relatives living elsewhere				ZS		
		Friends/neighbours				ZS		
		Visitors' contributions				ZS		
		Deceased's employer				ZS		
		Other (specify) ZS Total				ZS		
			Funeral	Memorial				
Q304	***How much money was spent on the funeral and memorial services?***	**Funeral / Memorial expenses**	ZS	ZS				
Q305	***Approximately how much of the total costs was contributed by the following:*** **Check total matches Q304.**	**Deceased's savings**	ZS	ZS				
		Spouse	ZS	ZS				
		Household residents (othr)	ZS	ZS				
		Relatives living elsewhere	ZS	ZS				
		Friends/neighbours	ZS	ZS				
		Burial society	ZS	ZS				
		Deceased's employer	ZS	ZS				
		Other (specify)	ZS	ZS				
		Total	ZS	ZS				
Q306	***How much was raised through sales of household assets to meet these costs?***	**Health/care costs**				ZS		
		Funeral/memorial expenses				ZS		
Q307	***Was (NAME) in paid employment at the time he/she became ill?***	**Yes**				1		
		No				2		**- Q313**
		Don't know				98		**- Q313**
Q308	***Was this employment terminated when (NAME) became ill?***	**Yes**				1		
		No				2		**- Q311**
		Don't know				98		**- Q311**
Q309	***Did (NAME) receive any pension or termination payment when he/she lost his/her job?***	**Yes: pension**				1		
		Yes: termination payment				2		
		Yes: both				3		
		No				4		**- Q313**
		Don't know				98		**- Q313**
Q310	***How much did he/she receive?***	**Pension (per month)**				ZS		
		Termination payment				ZS		
		Don't know				98		
Q311	***Is (NAME)'s spouse now receiving a widow's pension?***	**Yes**				1		
		No				2		**- Q313**
		Don't know				98		**- Q313**
Q312	***How much does he/she receive?***	**Pension (per month)**					ZS	
Q313	***How much financial assistance has the spouse/family received from the Department of Social Welfare following (NAME)'s death?***	**School fees**				ZS		
		Housing allowance				ZS		
		Subsistence allowance				ZS		
		Don't know				98		

VERBAL AUTOPSY QUESTIONNAIRE: EFFECT OF DEATH ON DECEASED'S CHILDREN *Q. No:*

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

LINE NO	LINE NO @ B/L	DECEASED'S CHILDREN	SEX OF CHILD	DATE OF BIRTH	ALIVE AT B/L		PARENT'S SURVIVAL		CHILD'S SURVIVAL	AGE AT DEATH	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
CHILDREN BORN BEFORE BASELINE SURVEY VISIT			To be completed in office.																				
	Enter line no. from B/L Q.	Copy names of children aged under 16 years at the time of the baseline survey from questionnaire S7.	Record sex of child.	Record date of birth.	Alive at baseline visit?	Note child's age when died.	*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?* If no, go to Q414.	*Why did (NAME) leave school?*	*What is the highest level of education (NAME) has completed?*	*Has (NAME) passed the Grade 7 exam? How many "O" levels has (NAME) passed?*		*How many different* household has (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 relation-ship of this person to (NAME)?*	*Record child's follow-up interview details if done.*	
	#		M F	Mth Yr	Y N DK	Dys Mths Yrs	Y N DK	Year	Y N DK	Dys Mths Yrs	Y N	Enter code	Form Grade	Gd7	"O"s	Well	Sick	Died	Name of place	Code	Name of person	Enter code	Site	MUT2NO
1			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
2			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
3			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
4			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
5			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
6			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
7			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
8			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
9			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
10			1 2		1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					

REASONS FOR LEAVING SCHOOL (Q413)

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 (Q420)

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 (Q423)

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

* 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	CHILD'S MOTHER	PARENT'S SURVIVAL		CHILD'S SURVIVAL	AGE AT DEATH	AGE	HEALTH			CARE ARRANGEMENTS					
Q401	Q403	Q404	Q405	Q425	Q408	Q409	Q410	Q411	Q426	Q427	Q428	Q429	Q418	Q419	Q420	Q421	Q422	Q423
	CHILDREN BORN SINCE BASELINE SURVEY VISIT. Request list of new births. If no name yet given, indicate "No name".	*Is (NAME) a boy or a girl?*	*In what month and year was (NAME) born?*	**If deceased was male:** *What was the name of the child's natural mother?*	*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?*	**If alive:** *How old was (NAME) at his/her last birthday?*	*Is (NAME) thriving? * Observe child & examine CHC.*	Record child's weight from CHC.	Note whether immuniz-ations are up to date.	*How many different households has (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 relation-ship of this person to (NAME)? (A, B & C).*
		M F	Mth Yr		Y N DK	Year	Y N DK	Dys Mths Yrs	Yrs Mths	Y N DK	kgs	Y N	Well	Sick	Died	Name of place	Code	Name of person	Enter code
1 01		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			
1 02		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			
1 03		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			
1 04		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			
1 05		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			
1 06		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			
1 07		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			
1 08		1 2			1 2 8		1 2 8			1 2 8		1 2				A. B. C.			

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

Q430 *Are there any other small children or infants that we have not yet listed?* **Number:** ____ **Add each in table above.**

Q431 *Are there any small children or infants who have died that we have forgotten?* **Number:** ____ **Add each in table above.**

REASONS FOR LEAVING SCHOOL (Q413)

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7. Expelled: pregnancy
8. Expelled: other reasons
9. Pregnancy: left voluntarily
10. Other (specify)

PLACES OF RESIDENCE (Q420)

1. Large town or city
2. Small town
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CARER'S RELATIONSHIP TO CHILD (Q423)

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 his/her account of the cause of death.**				
Q502	***During the two weeks before (NAME) died, did he/she suffer from any major injury, poisoning, burn or drowning?***	**Poisoning**	1	☐	
		Fall	2	☐	
		Burn	3	☐	
		Drowning	4	☐	
		Alcohol intoxication	5	☐	
		Ate toxic herbs/plants	6	☐	
		Motor vehicle accident	7	☐	
		Other injury	8	☐	
		Death not due to injury	9	☐	**- Q504**
Q503	***Was it an accident, was it inflicted deliberately by someone else, or was the death self-inflicted?***	**Accident**	1	☐	
		Homicide	2	☐	
		Suicide	3	☐	
		Don't know	98	☐	
Q504	**Record whether deceased was male or female.**	**Male**	1	☐	**- Q701**
		Female	2	☐	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q601	***How many children had (NAME) given birth to when she died?*** **Do NOT include the last birth.**	**Live births** **Don't know**	 98	
Q602	***Did (NAME) die during pregnancy or childbirth or within 6 weeks of giving birth?***	**Yes** **No** **Don't know**	1 2 98	**- Q608**
Q603	***Did (NAME) have her periods coming regularly?***	**Yes** **No** **Don't know**	1 2 98	
Q604	***Did (NAME) have a swelling growing out of the vagina?***	**Yes** **No** **Don't know**	1 2 98	 **- Q606** **- Q606**
Q605	***For how long had this swelling been present?***	**Months/years** **Don't know**	mths yrs 98	
Q606	***Did (NAME) have bleeding from the vagina?***	**Yes** **No** **Don't know**	1 2 98	**- Q701**
Q607	***How long ago did she last have her period?***	**Months/years** **Don't know**	mths yrs 98	**- Q609** **- Q609**
Q608	***How many months was she pregnant when she died?***	**Month** **Don't know**	mths 98	
Q609	***Did she suffer from any complaints during her last pregnancy?***	**Yes (specify)** **No** **Don't know**	1 2 98	
Q610	***Did she attend antenatal clinics during her last pregnancy?***	**Yes** **No** **Don't know**	1 2 98	
Q611	***Did (NAME) have high blood pressure during pregnancy?***	**Yes** **No** **Don't know**	1 2 98	
Q612a	***Was she complaining of severe headaches?***	**Yes** **No** **Don't know**	1 2 98	
Q612b	***Was there bleeding during pregnancy?***	**Yes** **No** **Don't know**	1 2 98	
Q613	***Did (NAME) have oedema of the limbs during pregnancy?***	**Yes** **No** **Don't know**	1 2 98	
Q614	***Did (NAME) have malaria during pregnancy?***	**Yes** **No** **Don't know**	1 2 98	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q615	*At what stage of the pregnancy did (NAME) die?*	During delivery Shortly before delivery Well before delivery	1 2 98	☐ ☐ ☐	 - Q701
Q616	*Was there excessive bleeding during delivery?*	Yes No Don't know	1 2 98	☐ ☐ ☐	
Q617	*Was she complaining of severe headaches during delivery?*	Yes No Don't know	1 2 98	☐ ☐ ☐	
Q618	*Did she have terrible abdominal pains during delivery that suddenly stopped before she died?*	Yes No Don't know	1 2 98	☐ ☐ ☐	
Q619	*Did the placenta come out within half an hour of the birth of the child?*	Yes No Don't know	1 2 98	☐ ☐ ☐	
Q620	*Did (NAME) have convulsions during delivery?*	Yes No Don't know	1 2 98	☐ ☐ ☐	
Q621	*Was there high fever starting after delivery?*	Yes No Don't know	1 2 98	☐ ☐ ☐	 - Q623 - Q623
Q622	*Did it start immediately after delivery or after a few days?*	Immediately After a few days Don't know	1 2 98	☐ ☐ ☐	
Q623	*Where did the delivery take place?*	Home Relative's home TBA's house Provincial hospital District hospital Other local hospital Clinic Other (specify) Don't know	1 2 3 4 5 6 7 8 98	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
Q624	*Who was in attendance at the birth?*	Doctor Nurse Midwife TBA Don't know	1 2 3 4 98	☐ ☐ ☐ ☐ ☐	
Q625	*Is the child still alive?*	Yes Stillbirth Died after birth Don't know	1 2 3 98	☐ ☐ ☐ ☐	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q701	***For how long had (NAME) been ill before he/she died?***	days / mths / yrs		
		Don't know	98	
Q702	***Did (NAME) have frequent loose stools or liquid stools during the disease that led to death?***	**Yes**	1	
		No	2	**- Q710**
		Don't know	98	**- Q710**
Q703	***How many stools did he/she have in a day?***	**Number of stools**		
		Don't know	98	
Q704	***How long did the diarrhoea last?***	days / mths / yrs		
		Don't know	98	
Q705	***Did (NAME) have blood in the stools?***	**Yes**	1	
		No	2	**- Q708**
		Don't know	98	**- Q708**
Q706	***For how long did he/she have blood in the stools?***	days / mths / yrs		
		Don't know	98	
Q707	***Did the stools look like rice water (whitish)?***	**Yes**	1	
		No	2	
		Don't know	98	
Q708	***Did the eyes become more sunken?***	**Yes**	1	
		No	2	
		Don't know	98	
Q709	***Did he/she suffer from dehydration?***	**Yes**	1	
		No	2	
		Don't know	98	
Q710	***Did (NAME) have a cough?***	**Yes**	1	
		No	2	**- Q716**
		Don't know	98	**- Q716**
Q711	***For how long did this last?***	days / mths / yrs		
		Don't know	98	
Q712	***Did (NAME) cough sputum?***	**Yes**	1	
		No	2	
		Don't know	98	
Q713	***Did (NAME) have severe pain while coughing?***	**Yes**	1	
		No	2	
		Don't know	98	
Q714	***Did (NAME) cough blood?***	**Yes**	1	
		No	2	
		Don't know	98	
Q715	***Did (NAME) cough more at night than in the morning?***	**Yes**	1	
		No	2	
		Don't know	98	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q716	***Did (NAME) have trouble breathing during the illness that led to death?***	**Yes**	1		
		No	2		**- Q721**
		Don't know	98		**- Q721**
Q717	***For how long did this last?***		days / mths / yrs		
		Don't know	98		
Q718	***Was (NAME) unable to lie down flat in bed because of shortness of breath?***	**Yes**	1		
		No	2		
		Don't know	98		
Q719	***During the past years did (NAME) have attacks of shortness of breath and noisy breathing (asthma)?***	**Yes**	1		
		No	2		
		Don't know	98		
Q720	***During the past year, was (NAME) short of breath upon exercise?***	**Yes**	1		
		No	2		
		Don't know	98		
Q721	***Did (NAME) have pneumonia?***	**Yes**	1		
		No	2		
		Don't know	98		
Q722	***How long ago is it since (NAME) suffered from tuberculosis?***		mths / yrs		
		Never	97		
		Don't know	98		
Q723	***Did (NAME) have profuse night sweating?***	**Yes**	1		
		No	2		
		Don't know	98		
Q724	***Did (NAME) have a fever?***	**Yes**	1		
		No	2		**- Q728**
		Don't know	98		**- Q728**
Q725	***For how long did this last?***		days / mths / yrs		
		Don't know	98		
Q726	***Was the fever present all the time or intermittent?***	**Present all the time**	1		
		Intermittent	2		
		Don't know	98		
Q727	***Was (NAME) shivering before having fever?***	**Yes**	1		
		No	2		
		Don't know	98		
Q728	***During the illness that led to death was (NAME) unconscious or very confused?***	**Yes**	1		
		No	2		**- Q730**
		Don't know	98		**- Q730**
Q729	***For how long did this last?***		days / mths / yrs		
		Don't know	98		
Q730	***During the illness that led to death, did (NAME) have convulsions?***	**Yes**	1		
		No	2		
		Don't know	98		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q731	***During the illness that led to death, did (NAME) have neck stiffness?***	**Yes** **No** **Don't know**	1 2 98	☐ ☐ ☐	
Q732	***During the illness that led to death, did (NAME) have severe headache?***	**Yes** **No** **Don't know**	1 2 98	☐ ☐ ☐	
Q733	***During the illness that led to death, did (NAME) have problems opening his/her mouth?***	**Yes** **No** **Don't know**	1 2 98	☐ ☐ ☐	
Q734	***During the illness that led to death, did (NAME) have spasms? (body muscles becoming very stiff)***	**Yes** **No** **Don't know**	1 2 98	☐ ☐ ☐	
Q735	***Did (NAME) get a wound (e.g.: bed sores) during the last two weeks before death?***	**Yes** **No** **Don't know**	1 2 98	☐ ☐ ☐	
Q736	***Was (NAME) unable to speak?***	**Yes** **No** **Don't know**	1 2 98	☐ ☐ ☐	
Q737	***During the disease that led to death, did (NAME) loose weight?***	**Yes** **No** **Don't know**	1 2 98	☐ ☐ ☐	 **- Q739** **- Q739**
Q738	***Was the weight loss severe or moderate?***	**Severe** **Moderate** **Don't know**	1 2 98	☐ ☐ ☐	
Q739	***During the disease that led to death, did (NAME) become very pale?***	**Yes** **No** **Don't know**	1 2 98	☐ ☐ ☐	
Q740	***During the disease that led to death, did (NAME) suffer a yellowing of the whites of the eyes (jaundice)?***	**Yes** **No** **Don't know**	1 2 98	☐ ☐ ☐	
Q741	***During the disease that led to death, did (NAME) have swollen legs?***	**Yes** **No** **Don't know**	1 2 98	☐ ☐ ☐	
Q742	***Did the colour of his/her hair change?***	**Yes** **No** **Don't know**	1 2 98	☐ ☐ ☐	
Q743	***Did (NAME) complain of burning sensations of the legs?***	**Yes** **No** **Don't know**	1 2 98	☐ ☐ ☐	
Q744	***Did (NAME) have any skin problems during the disease that led to death?***	**Yes** **No** **Don't know**	1 2 98	☐ ☐ ☐	 **- Q749** **- Q749**
Q745	***For how many days did it last?***	**Days** **Don't know**	 98	☐ ☐	
Q746	***Where was the rash located?*** _____	**All over the body** **On specific parts only (specify)** **Don't know**	1 2 98	☐ ☐ ☐	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q747	*Did (NAME) complain of itching of the skin?*	Yes No Don't know	1 2 98	☐ ☐ ☐	
Q748	*Did the skin become very dry or scaly?*	Yes No Don't know	1 2 98	☐ ☐ ☐	
Q749	*Did (NAME) have one localised dark swelling of skin?*	Yes No Don't know	1 2 98	☐ ☐ ☐	
Q750	*Did (NAME) have abcesses or sores?*	Yes No Don't know	1 2 98	☐ ☐ ☐	 - Q752 - Q752
Q751	*How many abscesses or sores?*	One Two to four At least five Don't know	1 2 3 98	☐ ☐ ☐ ☐	
Q752	*Has (NAME) ever had herpes zoster?*	Yes No Don't know	1 2 98	☐ ☐ ☐	 - Q754 - Q754
Q753	*How many times?*	Once More than once Don't know	1 2 98	☐ ☐ ☐	
Q754	*Did (NAME) have swellings?*	Yes No Don't know	1 2 98	☐ ☐ ☐	 - Q756 - Q756
Q755	*Which parts were swollen?* *Any other parts?* <u>Probe for other parts.</u> _____	Whole body swollen Bumps all over body Neck Face Feet, lower legs Axilla (arm pit) Groin Abdomen Other parts (specify) Don't know	1 2 3 4 5 6 7 8 9 98	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
Q756	*Did (NAME) have protruded eyes?*	Yes No Don't know	1 2 98	☐ ☐ ☐	
Q757	*Was (NAME) able to see well?*	Yes No Don't know	1 2 98	☐ ☐ ☐	- Q759
Q758	*Was (NAME) able to see well when he/she was a child?*	Yes No Don't know	1 2 98	☐ ☐ ☐	
Q759	*Was (NAME) known to have a heart problem?*	Yes No Don't know	1 2 98	☐ ☐ ☐	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q760	***Was (NAME) known to have high blood pressure?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q761	***Was (NAME) known to have diabetes?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q762	***Was (NAME) known to have HIV infection?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q763	***Did (NAME) have "sickle cell"?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q764	***Was (NAME) healthy as a child?***	**Yes**	1	☐	**- Q768**
		No	2	☐	
		Don't know	98	☐	
Q765	***Did (NAME) have attacks of severe joint pains during his/her life?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q766	***Did (NAME) have attacks of becoming yellow during his/her lifetime?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q767	***Are there other family members with a similar disease?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q768	***Did (NAME) have ulcers in the mouth?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q769	***Did (NAME) have difficulty swallowing?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q770	***Did (NAME) have white patches on the inside of the mouth and tongue?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q771	***Did(NAME) suffer from vomitting?***	**Yes**	1	☐	
		No	2	☐	**- Q773**
		Don't know	98	☐	**- Q773**
Q772	***Did (NAME) vomit blood?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q773	***Did (NAME) have severe pains in the abdomen?***	**Yes**	1	☐	**- Q776**
		No	2	☐	
		Don't know	98	☐	
Q774	***Did (NAME) dislike certain foods?***	**Yes**	1	☐	
		No	2	☐	**- Q776**
		Don't know	98	☐	**- Q776**
Q775	***Which foods did he/she dislike?***	**Beans**	1	☐	
		Peppers	2	☐	
		Other (specify)	98	☐	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q776	***Did (NAME) experience any problems/changes in urination?***	**Yes**	1	☐	
		No	2	☐	**- Q782**
		Don't know	98	☐	**- Q782**
Q777	***Did (NAME) have pain during urination?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q778	***During the illness that led to death, did (NAME) pass brown or dark urine?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q779	***During the illness that led to death, did (NAME) have blood in the urine?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q780	***Was (NAME) unable to pass urine during the last days before death?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q781	***Did (NAME) have to urinate a lot?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q782	***Did (NAME) have unusually excessive thirst?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q783	***Did (NAME) complain of severe body pains?***	**Yes**	1	☐	
		No	2	☐	**- Q785**
		Don't know	98	☐	**- Q785**
Q784	***Which parts was (NAME) complaining of?*** **Probe for any other parts.**	**Whole body**	1	☐	
		Abdomen	2	☐	
		Limbs	3	☐	
		Chest	4	☐	
		Head	5	☐	
		Bones	6	☐	
		Other parts (specify)	8	☐	
		Don't know	98	☐	
Q785	***Did (NAME) have allergic skin reactions to drugs?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q786	***Was(NAME) unable to move limbs? (paralysis)?*** ***If yes, which ones?***	**Yes: one sided**	1	☐	
		Yes: both legs	2	☐	
		Yes: both arms	3	☐	
		No	4	☐	
		Don't know	98	☐	
Q787	***During his/her lifetime, did (NAME) usually drink a lot of alcohol?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q788	***Does (NAME) have a spouse who is unwell?***	**No**	1	☐	
		Yes: acutely ill	2	☐	
		Yes: chronically ill	3	☐	
		Don't know	98	☐	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q789	*During the disease that led to death, was advice or treatment sought from anywhere / anyone?* **Record all mentioned.**	**Nobody**	1	☐	
		Relative/friends	2	☐	
		N'anga	3	☐	
		Faith healer	4	☐	
		Pharmacist	5	☐	
		Private health facility	6	☐	
		Government dispensary / clinic	7	☐	
		Hospital	8	☐	
		Don't know	98	☐	
Q790	*Was he/she given anything when he/she was ill?*	**Yes**	1	☐	
		No	2	☐	**- Q792**
		Don't know	98	☐	**- Q792**
Q791	*What treatment was given?* *Anything else?* **Record all mentioned.**	**Tablets**	1	☐	
		Capsules	2	☐	
		Injections	3	☐	
		ORS packet solution	4	☐	
		Syrup	5	☐	
		Home remedy	6	☐	
		Traditional medicine	7	☐	
		Other (specify)	8	☐	
		Don't know	98	☐	
Q792	*Where did (NAME) die?*	**Hospital/clinic**	1	☐	
		On way to hospital	2	☐	
		At home	3	☐	
		Elsewhere	4	☐	
		Don't know	98	☐	
Q792	*Is there a death certificate?*	**Yes**		☐	
		No		☐	**- End**
		Don't know		☐	**- End**
Q793	**Check name.**	**Correct**		☐	
		Incorrect		☐	
Q794	**Record date of death per death certificate.**			mnth ☐☐ yr ☐☐	
Q795	**Record place of death per death certificate.**	**Name of place.** _____			
		Harare	1	☐	
		Mutare	2	☐	
		Rusape	3	☐	
		Other town or city	4	☐	
		Small town or growth point	5	☐	
		Estate/mining area	6	☐	
		Roadside business centre	7	☐	
		Rural business centre	8	☐	
		Communal/resettlement area	9	☐	
		Not stated	98	☐	
Q796	**Record age at death per death certificate.**			☐☐ yrs	
Q797	**Record cause of death per death certificate.**	**Immediate cause** _____			
		Underlying cause _____			