VERBAL AUTOPSY QUESTIONNAIRE ***FORM D***

VAQ number:	
MUT number (R3):	
Interviewer (HH):	
Deceased:	

Questionnaire processing dates:	
Corrections completed	
R4 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: boy/girlfriend	22		**- Q205**
		Not related: other	23		**- 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
Q215	***Did you/the carer receive assistance from any of the following during (NAME)'s illness?***		Help? Y N / Type(s) 1 2 / Charge Y N / Rating	
		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?***	**Indicate in final column in Q215.**		
	1. Very helpful **2. Somewhat helpful** **3. A little helpful**	**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		**- Q237**
Q224	***Did this medicine include drugs to prevent HIV from causing AIDS? (i.e. antiretroviral therapy)***	**Yes** 1 **No** 2		
Q225	***Was (NAME) always able to obtain this medicine?***	**Yes** 1 **No - could not afford** 2 **No - not always available** 3 **Other (specify)** 8		
Q226	***Did the medicine prescribed include drugs to prevent HIV from causing AIDS? (i.e. antiretroviral therapy)***	**Yes** 1 **No** 2		**- Q235**
Q227	***How long did (NAME) take these drugs?***	mths / yrs		**- Q229**
		Never took any 99		
Q228	***What was the reason (NAME) never took these drugs?***	**Too expensive** 1 **Not available locally** 2 **Not permitted by church** 3 **Side effects** 4 **Other (specify)** 5 **Don't know** 8		**- Q235** **- Q235** **- Q235** **- Q235** **- Q235** **- Q235**
Q229	***From what source(s) did (NAME) obtain these drugs?***	**Local clinic/pharmacy** 1 **District hospital** 2 **Mutare or Harare** 3 **Outside Zimbabwe** 4 **Don't know** 5		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q230	***Who paid for the drugs?*** **If more than one, tick all relevant boxes.**	**Available free** 1 ☐ **Self (NAME)** 2 ☐ **Caregiver** 3 ☐ **Relative (besides caregiver)** 4 ☐ **Friend** 5 ☐ **Employer** 6 ☐		
Q231	***Were there particular times when (NAME) took these drugs?***	**All the time** 1 ☐ **When he/she felt unwell** 2 ☐ **When could afford or paid for** 3 ☐ **Other (specify)** 8 ☐		
Q232	***Did (NAME) sometimes refuse or forget to take the drugs?***		Yes / No	
		Refused	1 / 2	
		Forgot	1 / 2	
Q233	***Did (NAME) experience any unpleasant side effects when he/she was taking these drugs?***	**Yes** 1 ☐ **No** 2 ☐		
Q234	***What were the main side effects?***	_____ _____ _____		
Q235	***Was (NAME) able to obtain care from the health clinic whenever it was thought necessary?***	**Yes** 1 ☐ **No** 2 ☐		**- Q237**
Q236	***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 ☐		
Q237	***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	
		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	
Q238	***How difficult was it for you to provide care for (NAME)?***	**Easy** 1 ☐ **Difficult** 2 ☐ **Very difficult** 3 ☐		
Q239	***Did the death of (NAME) leave you feeling:***		Very / A little / Not much	
	1. Lonely		1 / 2 / 3	
	2. Life is not worth living		1 / 2 / 3	
	3. Resilient about the future		1 / 2 / 3	
	4. Able to do your job properly		1 / 2 / 3	
	5. People are wonderful		1 / 2 / 3	
	6. Scared		1 / 2 / 3	
	7. Determined		1 / 2 / 3	
Q240	***How many other members of your household have died in the last 3 years?***	☐		
Q241	***How many spouses/regular partners did (NAME) have in his/her lifetime?*** **Regular = cohabiting or > 12 months.** **Ask questions Q242 to Q253 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.** ☐ co-wives		
		Spouse/regular	1 / 1 / 1 / 1	
		Co-wife	2 / 2 / 2 / 2	
Q242	***In what year did (NAME) and (PARTNER) marry/begin their relationship?***	☐☐ yr / ☐☐ yr / ☐☐ yr / ☐☐ yr		
		Don't know	98 / 98 / 98 / 98	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES					SKIP TO
Q243	***Is (PARTNER) still alive?***	**Yes**	1	1	1	1	**- Q247**
		No	2	2	2	2	
		Don't know	98	98	98	98	**- Q247**
Q244	***Did (PARTNER) die before or after (NAME) passed away?***	**Before**	1	1	1	1	
		After	2	2	2	2	
Q245	***How many years before/after (NAME) passed away did (PARTNER) die?***		yrs	yrs	yrs	yrs	
		Don't know	98	98	98	98	
Q246	***What were the main symptoms that (PARTNER) was suffering from before he/she passed away?***	**HIV/AIDS**	12	12	12	12	-
		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	**- Q250 if**
		Skin complaints/rashes	5	5	5	5	**- partner**
	Ask for others.	**Genital conditions**	6	6	6	6	**- died**
		Fever - other	7	7	7	7	**- first**
		Flu/pneumonia	8	8	8	8	**- (Q244)**
		Tuberculosis	9	9	9	9	-
		Accident/wound	10	10	10	10	-
		Other (specify)	11	11	11	11	-
Q247	***Has (PARTNER) married again or resumed sexual activity since (NAME) passed away?***	**Married again**	1	1	1	1	
		Resumed sex	2	2	2	2	**- Q250**
		Neither	3	3	3	3	**- Q250**
		Don't know	98	98	98	98	
Q248	***After how many months did (PARTNER) remarry?***	**0-24**	mnths	mths	mths	mths	
		Don't know	98	98	98	98	
Q249	***Was the new spouse related to (NAME)?***	**Yes: brother/sister**	1	1	1	1	
		Yes: other (specify)	2	2	2	2	
		No	3	3	3	3	
Q250	***Were (NAME) and (PARTNER) living together at the time (NAME) died?***	**Yes**	1	1	1	1	**- Q253**
		No	2	2	2	2	
	Tick "Yes" if (NAME) was in the clinic/ hospital but previously staying together.	**PARTNER already died**	8	8	8	8	**- Q301**
Q251	***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	
Q252	***Where was (PARTNER) living before (NAME) died?*** **Record the name of the place.**	**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	
	1.	**Roadside BC**	5	5	5	5	
	2.	**Rural BC**	6	6	6	6	
	3.	**Communal area**	7	7	7	7	
	4.						
Q253	***Where is (PARTNER) living now?***	**Same household**	1	1	1	1	
		Same place/village	2	2	2	2	
		Large town or city	3	3	3	3	
	Record the name of the place.	**Small town**	4	4	4	4	
		Growth point	5	5	5	5	
	1.	**Estate/mine**	6	6	6	6	
	2.	**Roadside BC**	7	7	7	7	
	3.	**Rural BC**	8	8	8	8	
	4.	**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** Z$'000	**P Doc** Z$'000	**N'anga** Z$'000	**F.H.** Z$'000	**Visitors** Z$'000	
		Admission fees						
		Consultation fees						
		Drugs/treatments						
		Transport						
		Other accomodation						
		Other (specify)						
		Z$ 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**				Z$		
		Spouse				Z$		
		Household residents (other)				Z$		
		Relatives living elsewhere				Z$		
		Friends/neighbours				Z$		
		Visitors' contributions				Z$		
		Deceased's employer				Z$		
		Other (specify)	**Z$ Total**			Z$		
Q304	***How much money was spent on the funeral and memorial services?***			**Funeral**		**Memorial**		
		Funeral / Memorial expenses		Z$		Z$		
Q305	***Approximately how much of the total costs was contributed by the following:*** **Check total matches Q304.**	**Deceased's savings**		Z$		Z$		
		Spouse		Z$		Z$		
		Household residents (othr)		Z$		Z$		
		Relatives living elsewhere		Z$		Z$		
		Friends/neighbours		Z$		Z$		
		Burial society		Z$		Z$		
		Deceased's employer		Z$		Z$		
		Other (specify)		Z$		Z$		
		Total		Z$		Z$		
Q306	***How much was raised through sales of household assets to meet these costs?***	**Health/care costs**				Z$		
		Funeral/memorial expenses				Z$		
Q307	***Which of these types of assets were sold?***				**Yes**		**No**	
		Radio			1		2	
		Television			1		2	
		Bicycle			1		2	
		Furniture			1		2	
		Refridgerator			1		2	
		Kitchen/cooking equipment			1		2	
		Cattle			1		2	
		Other (specify)			1		2	
Q308	***Was (NAME) in paid employment at the time he/she became ill?***	**Yes**			1			
		No			2			**- Q314**
		Don't know			98			**- Q314**
Q309	***Was this employment terminated when (NAME) became ill?***	**Yes**			1			
		No			2			**- Q312**
		Don't know			98			**- Q312**

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q310	***Did (NAME) receive any pension or termination payment when he/she lost his/her job?***	**Yes: pension** **Yes: termination payment** **Yes: both** **No** **Don't know**	1 ☐ 2 ☐ 3 ☐ 4 ☐ 98 ☐	 **- Q314** **- Q314**
Q311	***How much did he/she receive?***	**Pension (per month)** **Termination payment** **Don't know**	zs ____ zs ____ 98 ☐	
Q312	***Is (NAME)'s spouse now receiving a widow's pension?***	**Yes** **No** **Don't know**	1 ☐ 2 ☐ 98 ☐	 **- Q314** **- Q314**
Q313	***How much does he/she receive?***	**Pension (per month)**	zs ____	
Q314	***How much financial assistance has the spouse/family received from the Department of Social Welfare following (NAME)'s death?***	**School fees** **Housing allowance** **Subsistence allowance** **Don't know**	zs ____ zs ____ zs ____ 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 @ R3	DECEASED'S CHILDREN	SEX OF CHILD	DATE OF BIRTH	ALIVE AT R3		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 R3 SURVEY VISIT		**To be completed in office.**																			
	Enter line no. from R3 Q.	**Copy names of children aged under 16 years at the time of the R3 survey from questionnaire.**	**Record sex of child.**	**Record date of birth.**	**Alive at R3 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* 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)?***	**Record child's R3 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	MUT3NO
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 R3 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)

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

* 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**	1	☐	
		Shortly before delivery	2	☐	
		Well before delivery	98	☐	**- Q701**
Q616	***Was there excessive bleeding during delivery?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q617	***Was she complaining of severe headaches during delivery?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q618	***Did she have terrible abdominal pains during delivery that suddenly stopped before she died?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q619	***Did the placenta come out within half an hour of the birth of the child?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q620	***Did (NAME) have convulsions during delivery?***	**Yes**	1	☐	
		No	2	☐	
		Don't know	98	☐	
Q621	***Was there high fever starting after delivery?***	**Yes**	1	☐	
		No	2	☐	**- Q623**
		Don't know	98	☐	**- Q623**
Q622	***Did it start immediately after delivery or after a few days?***	**Immediately**	1	☐	
		After a few days	2	☐	
		Don't know	98	☐	
Q623	***Where did the delivery take place?***	**Home**	1	☐	
		Relative's home	2	☐	
		TBA's house	3	☐	
		Provincial hospital	4	☐	
		District hospital	5	☐	
		Other local hospital	6	☐	
		Clinic	7	☐	
	_____	**Other (specify)**	8	☐	
		Don't know	98	☐	
Q624	***Who was in attendance at the birth?***	**Doctor**	1	☐	
		Nurse	2	☐	
		Midwife	3	☐	
		TBA	4	☐	
		Don't know	98	☐	
Q625	***Is the child still alive?***	**Yes**	1	☐	
		Stillbirth	2	☐	
		Died after birth	3	☐	
		Don't know	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**	1		
		No	2		
		Don't know	98		
Q748	*Did the skin become very dry or scaly?*	**Yes**	1		
		No	2		
		Don't know	98		
Q749	*Did (NAME) have one localised dark swelling of skin?*	**Yes**	1		
		No	2		
		Don't know	98		
Q750	*Did (NAME) have abcesses or sores?*	**Yes**	1		
		No	2		- **Q752**
		Don't know	98		- **Q752**
Q751	*How many abscesses or sores?*	**One**	1		
		Two to four	2		
		At least five	3		
		Don't know	98		
Q752	*Has (NAME) ever had herpes zoster?*	**Yes**	1		
		No	2		- **Q754**
		Don't know	98		- **Q754**
Q753	*How many times?*	**Once**	1		
		More than once	2		
		Don't know	98		
Q754	*Did (NAME) have swellings?*	**Yes**	1		
		No	2		- **Q756**
		Don't know	98		- **Q756**
Q755	*Which parts were swollen?*	**Whole body swollen**	1		
		Bumps all over body	2		
	Any other parts?	**Neck**	3		
		Face	4		
		Feet, lower legs	5		
	Probe for other parts.	**Axilla (arm pit)**	6		
		Groin	7		
		Abdomen	8		
		Other parts (specify)	9		
		Don't know	98		
Q756	*Did (NAME) have protruded eyes?*	**Yes**	1		
		No	2		
		Don't know	98		
Q757	*Was (NAME) able to see well?*	**Yes**	1		- **Q759**
		No	2		
		Don't know	98		
Q758	*Was (NAME) able to see well when he/she was a child?*	**Yes**	1		
		No	2		
		Don't know	98		
Q759	*Was (NAME) known to have a heart problem?*	**Yes**	1		
		No	2		
		Don't know	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 _____			
		_____			
		_____			

REF.	QUESTIONS & FILTERS	CODING CATEGORIES
Q801	**Notify respondent that we would like make a further visit to learn more about how the deceased's death affected the household.**	
Q802	**Record contact details of respondent in the R4 household interview. (to be completed by first enumerator).**	**Name:** _____ **Telephone no.** _____ **Address:** _____ _____ _____
Q803	**Record contact details of current respondent (caregiver).**	**Name:** _____ **Telephone no.** _____ **Address:** _____ _____ _____
Q804	**Record contact details of other respondent*.**	**Name:** _____ **Telephone no.** _____ **Address:** _____ _____ _____

***If the household is still present in the same area (Q208 - has *continued*), the best respondent for the follow-up interview will normally be the original R4 household respondent.**

If the household has *relocated* (Q208) but a household interview was done at R4 (e.g. because the new household is also in one of our study areas), the best respondent for the follow-up interview will also usually be the R4 household respondent.

If the household has *relocated* (Q208) and no household interview was done at R4 or the household has now *dispersed* (Q208), the follow-up interview can be conducted with the verbal autopsy questionnaire (VAQ) respondent or another person who knows more about the history of the household up to the time it moved or dispersed and who can traced easily for interview (e.g. in cases where the VAQ respondent / caregiver was never a member of the household).