VERBAL AUTOPSY QUESTIONNAIRE ***FORM D***

VAQ number:	
MUT number (R4):	
Interviewer (HH):	
Deceased:	

Questionnaire processing dates:	
Corrections completed	
R5 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**
		Continued	3		- **Q210**
	Relocated: only if whole household moved.	**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 NAME ever have an HIV test?*	Yes	1		
		No	2		- Q232
		Don't know	3		- Q232
Q216	*Was the result of this test positive?*	Yes	1		
		No	2		- Q232
		Don't know	3		- Q232
Q217	*Did NAME ever take drugs that help to stop HIV from causing AIDS? i.e. ARVs.*	Yes	1		- Q219
		No	2		
		Don't know	3		
Q218	*What was the main reason NAME never took these drugs?*	Too expensive	1		- Q232
		Not available locally	2		- Q232
		Not permitted by church	3		- Q232
		Side effects	4		- Q232
		Other (specify)	5		- Q232
		Don't know	8		- Q232
Q219	*How long before NAME died did he/she start taking these drugs*			mths / yrs	
Q220	*Did NAME stop taking the drugs?*	Yes	1		
		No	2		- Q222
		Don't know	3		- Q222
Q221	*Why did NAME stop taking the drugs?*	Enter code from Q218.			
Q222	*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		
Q223	*Did NAME sometimes refuse or forget to take the drugs?*	Never	1		
		Occasionally	2		
		Quite often	3		
Q224	*Do you know the name for the type of drugs NAME was taking?*	ARVs	1		
		Cotrimoxazole	2		
		Other (specify)	3		
		Don't know	98		
Q225	*How much was one month's supply?*			US$	
Q226	*Who paid for these drugs?*	Available free (incl from NGOs etc.)	1		
		Self (NAME)	2		
		Caregiver	3		
		Relative (besides caregiver)	4		
	If more than one, tick all relevant boxes.	Friend	5		
		Employer	6		
Q227	*Where did NAME get these drugs?*	Enter code from Q218.			
Q228	*How long did it take you or NAME to travel to the place where the drugs were provided?*	Convert hours to mins if necessary.		mins	
Q229	*What mode of transport did NAME / you use to reach this place?*	Foot	1		
		Bicycle	2		
		Motor vehicle	3		
		Other (specify)	8		
Q230	*Did NAME experience any unpleasant side effects when he/she was taking these drugs?*	Yes	1		
		No	2		
		Don't know	98		
Q231	*What were the main side effects?*				

Q232 *Did you or NAME receive any of the following during the time that he/she was ill?*

Read through the list.

Ask respondent whether there was a charge for the assistance & to rate the help if received:

1. Very helpful / effective
2. Somewhat helpful / effective
3. Not helpful / effective

Note name of organisation providing pain relief: _____

	Yes	No	Charge	Rating
Change in ARVs due to complications	1	2	1 2	
TB treatment	1	2	1 2	
Treatment for oportunistic infections	1	2	1 2	
Cotrimoxazole	1	2	1 2	
Traditional medicine/ treatment	1	2	1 2	
Faith healing	1	2	1 2	
Stigma or discrimination	1	2	1 2	
Support from a PLWHA support group	1	2	1 2	
Training on how to care for PLWHA	1	2	1 2	
Nutrition help / advice	1	2	1 2	
Home-based care kit	1	2	1 2	
Home visit from VCW	1	2	1 2	
Home visit from nurse / doctor	1	2	1 2	
Home visit from n'anga / faith healer	1	2	1 2	
Hospital admission	1	2	1 2	
Hospice care	1	2	1 2	
Healthcare supplies (bleach, gloves ...)	1	2	1 2	
Materials (food, clothes, blankets)	1	2	1 2	
Psychosocial support - for the carer	1	2	1 2	
Psychosocial support - for the sick	1	2	1 2	
Psychos'l support - for NAME's children	1	2	1 2	
Material support for NAME's children	1	2	1 2	
Respite care for the carer	1	2	1 2	
Treatment to relieve severe pain	1	2	1 2	

Q233 *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

Q234 *How difficult was it for you to provide care for NAME?*

Easy	1
Difficult	2
Very difficult	3

Q235 *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

Q236 *How many other members of the deceased's household have died in the last 3 years?* ____

Q237 *How many spouses/regular partners did NAME have in his/her lifetime?*

Regular = cohabiting or > 12 months.

Ask questions Q241 to Q252 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

- **If '0', go**
- **to Q301**

Spouse/regular	1	1	1	1
Co-wife	2	2	2	2

Q238 *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
Q239	***Is PARTNER still alive?***	**Yes**	1	1	1	1	-	**Q243**
		No	2	2	2	2		
		Don't know	98	98	98	98	-	**Q243**
Q240	***Did PARTNER die before or after NAME passed away?***	**Before**	1	1	1	1		
		After	2	2	2	2		
Q241	***How many years before/after NAME passed away did PARTNER die?***		yrs	yrs	yrs	yrs		
		Don't know	98	98	98	98		
Q242	***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	-	**Q246 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	-	**(Q240)**
		Tuberculosis	9	9	9	9	-	
		Accident/wound	10	10	10	10	-	
	_____	**Other (specify)**	11	11	11	11	-	
Q243	***Has PARTNER married again or resumed sexual activity since NAME passed away?***	**Married again**	1	1	1	1		
		Resumed sex	2	2	2	2	-	**Q246**
		Neither	3	3	3	3	-	**Q246**
		Don't know	98	98	98	98		
Q244	***After how many months did PARTNER remarry?***	**0-24**	mnths	mths	mths	mths		
		Don't know	98	98	98	98		
Q245	***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		
		Don't know	98	98	98	98		
Q246	***Were NAME and PARTNER living together at the time NAME died?***	**Yes**	1	1	1	1	-	**Q249**
		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**
		Don't know	98	98	98	98		
Q247	***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		
	_____	**Don't know**	98	98	98	98		
Q248	***Where was PARTNER living before NAME died?***	**Large town or city**	1	1	1	1		
		Small town	2	2	2	2		
	Record the name of the place.	**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. _____	**Don't know**	98	98	98	98		
Q249	***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		
	_____	**Don't know**	98	98	98	98		

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** US$	_P Dc US$	_N'ar US$	**F.H.** US$	**sitors** US$	
		Admission fees						
		Consultation fees						
		Drugs/treatments						
		Transport						
		Other accomodation						
		Other (specify)						
		US$ 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**				US$		
		Spouse				US$		
		Household residents (other)				US$		
		Relatives living elsewhere				US$		
		Friends/neighbours				US$		
		Visitors' contributions				US$		
		Deceased's employer				US$		
		Other (specify)	**US$ Total**			US$		
Q304	***How much money was spent on the funeral and memorial services?***			Funeral		_Memorial		
		Funeral / Memorial expenses		US$		US$		
Q305	***Approximately how much of the total costs was contributed by the following:*** **Check total matches Q304.**	**Deceased's savings**		US$		US$		
		Spouse		US$		US$		
		Household residents (othr)		US$		US$		
		Relatives living elsewhere		US$		US$		
		Friends/neighbours		US$		US$		
		Burial society		US$		US$		
		Deceased's employer		US$		US$		
		Other (specify)		US$		US$		
		Total		US$		US$		
Q306	***How much was raised through sales of household assets to meet these costs?***	**Health/care costs**				US$		
		Funeral/memorial expenses				US$		
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**	1	☐	
		Yes: termination payment	2	☐	
		Yes: both	3	☐	
		No	4	☐	- **Q314**
		Don't know	98	☐	- **Q314**
Q311	***How much did he/she receive?***	**Pension (per month)**	US$ ____		
		Termination payment	US$ ____		
		Don't know	98	☐	
Q312	***Is NAME's spouse now receiving a widow's pension?***	**Yes**	1	☐	
		No	2	☐	- **Q314**
		Don't know	98	☐	- **Q314**
Q313	***How much does he/she receive?***	**Pension (per month)**	US$ ____		
Q314	***How much financial assistance has the spouse/family received from the Department of Social Welfare following NAME's death?***	**School fees**	US$ ____		
		Housing allowance	US$ ____		
		Subsistence allowance	US$ ____		
		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 @ R4	DECEASED'S CHILDREN	SEX OF CHILD	DATE OF BIRTH	PMTCT	ALIVE AT R4		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	Q425
CHILDREN BORN BEFORE R4 SURVEY VISIT				To be completed in office.																				
	Enter line no. from R4 Q.	Copy names of children aged under 16 years at the time of the R4 survey from questionnaire.	Record sex of child.	Record date of birth.	*Was PMTCT received?* If yes, ask which type?	Alive at R4 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 Q415.	*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 R5 interview details if done.	
	#		M F	Mth Yr	MER NVP Othr No/DK	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	MUT5NO
1			1 2		1 2 3 8	1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
2			1 2		1 2 3 8	1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
3			1 2		1 2 3 8	1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
4			1 2		1 2 3 8	1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
5			1 2		1 2 3 8	1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
6			1 2		1 2 3 8	1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
7			1 2		1 2 3 8	1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
8			1 2		1 2 3 8	1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
9			1 2		1 2 3 8	1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					
10			1 2		1 2 3 8	1 2 8		1 2 8		1 2 8		1 2			1 2					A. B. C.					

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
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	PMTCT	CHILD'S MOTHER	PARENT'S SURVIVAL		CHILD'S SURVIVAL	AGE AT DEATH		AGE	HEALTH			CARE ARRANGEMENTS						
Q401	Q403	Q404	Q405	Q406	Q426	Q409	Q410	Q411	Q412		Q427	Q428	Q429	Q430	Q418	Q419	Q420	Q421	Q422	Q423	Q424
	CHILDREN BORN SINCE R4 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?*	*Was PMTCT received? If yes, ask which type?*	*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	MER NVP Othr No/DK		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 3 8		1 2 8		1 2 8				1 2 8		1 2				A. B. C.			
1 02		1 2		1 2 3 8		1 2 8		1 2 8				1 2 8		1 2				A. B. C.			
1 03		1 2		1 2 3 8		1 2 8		1 2 8				1 2 8		1 2				A. B. C.			
1 04		1 2		1 2 3 8		1 2 8		1 2 8				1 2 8		1 2				A. B. C.			
1 05		1 2		1 2 3 8		1 2 8		1 2 8				1 2 8		1 2				A. B. C.			
1 06		1 2		1 2 3 8		1 2 8		1 2 8				1 2 8		1 2				A. B. C.			
1 07		1 2		1 2 3 8		1 2 8		1 2 8				1 2 8		1 2				A. B. C.			
1 08		1 2		1 2 3 8		1 2 8		1 2 8				1 2 8		1 2				A. B. 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)

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

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
15. Father-in-law
16. Mother-in-law
17. Cousin
18. Other relation
19. No relation

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**	 98	mths ____ yrs ____ ____	
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**	 98	mths ____ yrs ____ ____	- **Q609** - **Q609**
Q608	***How many months was she pregnant when she died?***	**Month** **Don't know** **Not applicable**	 98 99	mths ____ ____ ____	
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?***	**After delivery**	1	☐	
		During delivery	2	☐	
		Shortly before delivery	3	☐	
		Well before delivery	4	☐	- **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** 1 ☐ **No** 2 ☐ **Don't know** 98 ☐		
Q732	*During the illness that led to death, did NAME have severe headache?*	**Yes** 1 ☐ **No** 2 ☐ **Don't know** 98 ☐		
Q733	*During the illness that led to death, did NAME have problems opening his/her mouth?*	**Yes** 1 ☐ **No** 2 ☐ **Don't know** 98 ☐		
Q734	*During the illness that led to death, did NAME have spasms? (body muscles becoming very stiff)*	**Yes** 1 ☐ **No** 2 ☐ **Don't know** 98 ☐		
Q735	*Did NAME get a wound (e.g.: bed sores) during the last two weeks before death?*	**Yes** 1 ☐ **No** 2 ☐ **Don't know** 98 ☐		
Q736	*Was NAME unable to speak?*	**Yes** 1 ☐ **No** 2 ☐ **Don't know** 98 ☐		
Q737	*During the disease that led to death, did NAME lose weight?*	**Yes** 1 ☐ **No** 2 ☐ **Don't know** 98 ☐	 - **Q739** - **Q739**	
Q738	*Was the weight loss severe or moderate?*	**Severe** 1 ☐ **Moderate** 2 ☐ **Don't know** 98 ☐		
Q739	*During the disease that led to death, did NAME become very pale?*	**Yes** 1 ☐ **No** 2 ☐ **Don't know** 98 ☐		
Q740	*During the disease that led to death, did NAME suffer a yellowing of the whites of the eyes (jaundice)?*	**Yes** 1 ☐ **No** 2 ☐ **Don't know** 98 ☐		
Q741	*During the disease that led to death, did NAME have swollen legs?*	**Yes** 1 ☐ **No** 2 ☐ **Don't know** 98 ☐		
Q742	*Did the colour of his/her hair change?*	**Yes** 1 ☐ **No** 2 ☐ **Don't know** 98 ☐		
Q743	*Did NAME complain of burning sensations of the legs?*	**Yes** 1 ☐ **No** 2 ☐ **Don't know** 98 ☐		
Q744	*Did NAME have any skin problems during the disease that led to death?*	**Yes** 1 ☐ **No** 2 ☐ **Don't know** 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** 1 ☐ **On specific parts only (specify)** 2 ☐ **Don't know** 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 Relative/friends N'anga Faith healer Pharmacist Private health facility Government dispensary / clinic Hospital Don't know	1 2 3 4 5 6 7 8 98	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
Q790	*Was he/she given anything when he/she was ill?*	Yes No Don't know	1 2 98	☐ ☐ ☐	 - Q792 - Q792
Q791	*What treatment was given?* *Anything else?* Record all mentioned.	Tablets Capsules Injections ORS packet solution Syrup Home remedy Traditional medicine Other (specify) Don't know	1 2 3 4 5 6 7 8 98	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
Q792	*Where did NAME die?*	Hospital/clinic On way to hospital At home Elsewhere Don't know	1 2 3 4 98	☐ ☐ ☐ ☐ ☐	
Q792	*Is there a death certificate?*	Yes No Don't know		☐ ☐ ☐	 - End - 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 Mutare Rusape Other town or city Small town or growth point Estate/mining area Roadside business centre Rural business centre Communal/resettlement area Not stated	 1 2 3 4 5 6 7 8 9 98	 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
Q796	Record age at death per death certificate.	yrs ☐☐			
Q797	Record cause of death per death certificate.	Immediate cause _____ _____ _____ Underlying cause _____ _____ _____			