COD Study Child e-VA Instrument — Sierra Leone
Questionnaire for the death of a child aged 28 days to 11 years

Instructions for use of the tool
Questions to be read to the respondent are in bold.
[Questions that are NOT to be read to respondent are in brackets.]
Hints to the interviewer are in italic text below relevant questions. These are only hints for the interviewer and are NOT to be read to respondents.

ID	Question	Answer(s)	Skip To	Programming Notes
Hello, my name is [surveyor's name] **and I am working for Njala University. We are studying ways to improve the health status of the community. We very much appreciate your participation in this survey. As part of the survey we invite you to provide information on the death that happened in your family. We will ask questions related to the illness of the deceased and some other questions, but before we start the survey we would like to take your blood pressure.** *Before beginning the survey , ensure that the respondent is an adult.*				
1001	**Can we take your blood pressure?**	1. Yes 2. No	1005	Select one
1002	[Record systolic blood pressure (left arm — sitting) of the respondent.]	mmHg		[80:250]
1003	[Record diastolic blood pressure (left arm — sitting) of the respondent.]	mmHg		[40: 180]
1004	[Record heart rate of the respondent.]	Beats per minute		[40: 200]
1005	**What is your** [the respondent's] **name?**	Lookup Other __		alpha,minlength[3]
202417	[Respondent ID]	Text [disabled]		
1006	[Choose the respondent's sex.]	1. Male 2. Female		Select one

1007	**How old are you in completed years?** *Record the respondent's age as of his/her last birthday.* *Record '99' if don't know the age.*	Years __		[18:99]
I would like to tell you more about the study and obtain your consent. [Read the consent form to the family and obtain a signature on screen.]				
1017	[Did the respondent give consent?]	1. Yes 2. No	End interview	
98	[Enter consent barcode number manually.]	120245xxxxx		text, 120245[0-9]{5}
99	[Take picture of the consent form.]			camera
I would now like to ask you some detailed questions about any deaths that have occurred in the house in the last 2 years.				Display name, sex, and age (with units) of deceased from enumeration database before the following questions.
2001	**What was the first or given name(s) of the deceased?**	Text		alpha,minlength[3]
2002	**What was the surname or family name of the deceased?**	Text		alpha,minlength[3]
2003	**What was the sex of the deceased?**	1. Male 2. Female		Select one
2004	**When was the deceased born?**	1. Day 2. Month 3. Year		1-[1:31] 2-[1:12] 3- [2010:.2024]
2005	**When did (s)he die?**	1. Day 2. Month 3. Year		1-[1:31] 2-[1:12] 3- [2023:.2024]

2009	**What is your/the respondent's relationship to the deceased?**	1. Parent 2. Sibling 3. Other family member 4. Friend 5. Health worker 6. Public official 7. Another relationship		Select one
2011	**Did you/ the respondent live with the deceased in the period leading to her/ his death?**	1. Yes 2. No		
2012	**Where did the deceased die?**	1. Hospital 2. Other health facility 3. Home 4. On route to hospital or facility 5. Other 9. Doesn't know		Select one
2013	**What was the name of the father?**	Text		
2014	**What was the name of the mother?**	Text		
3001	**What do you (respondent) think the deceased died of?** *Record the respondent's own exact words.*	Text		

3002	[Select the appropriate respondent's cause of death from the drop-down menu]	1. Pneumonia/TB/asthma 2. Diarrhoea 3. Infections / typhoid / viral fever / jaundice / fever 4. Injury/accident 5. Measles 6. Meningitis (brain fever) 7. Malaria 8. Nutritional/malnutrition 9. Kidney problem / endocrine disease 10. Liver problem 11. Cancer 12. Other or unknown cause		Based on the respondent's stated COD captured here, apply symptom sequence (attached separately) to determine the order of the questions in Sections 5 & 7 In the eVA, options will be suggested as the surveyor types, which are then automatically classified into one of these categories
HISTORY OF ILLNESS AND DISEASES LIKELY TO BE ASSOCIATED WITH THE CAUSE OF DEATH **I would like to ask about previously known medical conditions the deceased had; these questions may not appear to be directly related to her/his death. Please bear with me and answer all the questions. They will help us to get a clear picture of the medical history.**				
6002	**Before the illness that led to death, was the child growing normally?**	1. Yes 2. No 9. Doesn't know		
6004	**For how long was (s)he ill before death?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Select 1-[0:30] 2- [1:12]
6005	**Did (s)he die suddenly?** *Suddenly means died unexpectedly within 24 hours of being in regular health*	1. Yes 2. No 9. Doesn't know		

6006	**Was there any diagnosis by a health professional of the following?** *Enter more than one if applicable.* *Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional PRIOR to the final illness.*	1. Tuberculosis 2. HIV/AIDS 4. Dengue fever 5. Measles 6. Heart disease 7. Diabetes 8. Asthma 9. Cancer 10. Kidney disease 11. Liver disease 12. Other (specify) __ 13. None of the above		multiselect
6007	Was an HIV test ever positive?	1. Yes 2. No 9. Doesn't know		
202413	**Were they recently (within 2 months) lab tested for malaria or any other infection?** (via a blood sample or throat/nose or urine or stool sample)	1. Yes 2. No 9. Doesn't know	 Next section Next section	
202414 a	**Were they**	1. Positive for malaria 2. Negative for malaria 3. Do not know malaria result		Single select
202414 b	**Were they**	1. Positive for typhoid 2. Negative for typhoid 3. Do not know typhoid result		Single select
202415	**What other infection detected?** *Enter the name of the infection if available.*	Yes, Text __ No		
INJURY				
5001	**Did (s)he suffer from any injury or accident that led to her/his death?**	1. Yes 2. No 9. Doesn't know	 Next symptom Next symptom	

5001a	**How long after the injury or accident did (s)he die?**	1. Less than or equal to 7 days 2. More than 7 days 9. Doesn't know		
5002	**What was the nature of the injury or accident?**	1. Road traffic accident 2. Non-road transport accident 3. Drowning 4. Fall 5. Injury by falling object / blunt force 6. Pesticide poisoning 7. Other poisoning 8. Hanging 10. Electrocution 11. Burns/fire 12. Injured by a firearm 13. Bite or sting 14. Stabbed/cut/pierced 15. Strangled 16. Flood 17. Earthquake 18. Other (specify) __ 9. Doesn't know	5007 5009 Next symptom Next symptom	8. Hanging option enabled only for age ≥10 years
5003	**Was (s)he subject to violence (homicide, abuse)?**	1. Yes 2. No 9. Doesn't know		
5004	**Was the injury accidental?**	1. Yes 2. No 9. Doesn't know	Next symptom	
5006	**Was the injury intentionally inflicted by someone else?**	1. Yes 2. No 9. Doesn't know	All: Next symptom	

5007	**What was her/his role in the road traffic accident?**	1. Pedestrian 2. Driver or passenger in car or light vehicle 3. Driver or passenger in bus or heavy vehicle 4. Driver or passenger on a motorcycle 5. Driver or passenger on a pedal cycle 6. Other __ 9. Doesn't know		Select one
5008	**What was the counterpart that was hit during the road traffic accident?**	1. Pedestrian 2. Stationary object 3. Car or light vehicle 4. Bus or heavy vehicle 5. Motorcycle 6. Pedal cycle 7. Other __ 9. Doesn't know	All: Next symptom	Select one
5009	**What was the animal/insect?**	1. Dog 2. Snake 3. Insect or scorpion 4. Other __ 9. Doesn't know		Select one
FEVER				
7001	**Did (s)he have a fever?**	1. Yes 2. No 9. Doesn't know	 7007 7007	If yes, reminders about fever will appear in the narrative section
7003	**How long did the fever last?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Select 1-[0:30] 2-[1:60]

7004	**Did the fever continue until death?**	1. Yes 2. No 9. Doesn't know		
7005	**How severe was the fever?**	1. Mild 2. Moderate 3. Severe 9. Doesn’t know		Select one
7006	**What was the pattern of the fever?**	1. Continuous 2. On and off 3. Only at night 9. Doesn’t know		Select one
7057	**Did (s)he have a severe headache?**	1. Yes 2. No 9. Doesn't know		
7058	**Did (s)he have a stiff or painful neck?**	1. Yes 2. No 9. Doesn't know	 7061 7061	
7058a	**How long before death did (s)he have a stiff or painful neck?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]
COUGH				
7008	**Did (s)he have a cough?**	1. Yes 2. No 9. Doesn't know	 A012 A012	If yes, reminders about cough will appear in the narrative section
7009	**For how long did (s)he have a cough?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Select 1-[0:30] 2-[1:60]
7010	**Was the cough productive, with sputum?**	1. Yes 2. No 9. Doesn't know		Select one

7011	**Was the cough very severe?**	1. Yes 2. No 9. Doesn't know		
7012	**Did (s)he cough up blood?**	1. Yes 2. No 9. Doesn't know		
7013	**Did (s)he make a whooping sound when coughing?**	1. Yes 2. No 9. Doesn't know		
BREATHING PROBLEM				
7015a	**Did (s)he have any difficulty breathing or breathlessness?**	1. Yes 2. No 9. Doesn't know	 7019 7019	
7017a	**For how long did the difficulty breathing or breathlessness last?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ 3. Years __ Doesn't know		Days,Months,Years=<Age at Death Select 1- [0:30] 2- [1:11]
7018	**Was the difficulty continuous or on and off?**	1. Continuous 2. On and off 9. Doesn't know		Select one
7019	**During the illness that led to death, did (s)he have fast breathing?**	1. Yes 2. No 9. Doesn't know	 7022 7022	
7021	**How long did the fast breathing last?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Select 1- [0:30] 2- [1:60]
7027	**Did you see the lower chest wall/ribs being pulled in as the child breathed in?** *Show photos/video (if available).*	1. Yes 2. No 9. Doesn't know		

7028	**During the illness that led to death did his/her breathing sound like any of the following:**	1. Stridor 2. Grunting 3. Wheezing 4. None of the above 9. Doesn't know		Multiselect
CHEST PAIN				
7030	**Did (s)he have chest pain?**	1. Yes 2. No 9. Doesn't know	 Next symptom Next symptom	
7032	**How many days before death did (s)he have chest pain?** *Less than 1 day = '0'.*	Days __ Doesn't know		[0:30]
LOOSE OR LIQUID STOOL				
7034	**Did (s)he have more frequent loose or liquid stools than usual?** *Ask the respondent about his/her understanding of what diarrhoea is (having more frequent loose or liquid stools than usual); if unclear or wrong, explain to the respondent what diarrhoea is.*	1. Yes 2. No 9. Doesn't know	 7040 7040	
7035	**How long did (s)he have frequent loose or liquid stools?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Select 1- [0:30] 2- [1:60]
7036	**How many stools did the child have on the day that loose or liquid stools were most frequent?**	No. of stools: __ Doesn't know		[1:25]
7038	**How long before death did the frequent loose or liquid stools start?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Select 1- [0:30] 2- [1:60]
7039	**Did the frequent loose or liquid stools continue until death?**	1. Yes 2. No 9. Doesn't know		

7040	**At any time during the final illness was there blood in the stools?**	1. Yes 2. No 9. Doesn't know	 7122 7122	
7122	**Did (s)he have sunken eyes?**	1. Yes 2. No 9. Doesn't know		
VOMIT				
7042	**Did (s)he vomit?**	1. Yes 2. No 9. Doesn't know	 Next symptom Next symptom	
7043	**To clarify: Did (s)he vomit in the week preceding the death?**	1. Yes 2. No 9. Doesn't know	 Next symptom Next symptom	No skip if 1 was selected in Q7042
7043a	**Did (s)he vomit every time (s)he ate and/or drank?**	1. Yes 2. No 9. Doesn't know		
7045	**Was there blood in the vomit?**	1. Yes 2. No 9. Doesn't know		
7046	**Was the vomit black?**	1. Yes 2. No 9. Doesn't know		
ABDOMINAL PROBLEM				
7047	**Did (s)he have any belly (abdominal) problem?** *Explain to the respondent that problems could be pain, protruding abdomen or a mass.*	1. Yes 2. No 9. Doesn't know	 7114 7114	
7048	**Did (s)he have belly (abdominal) pain?**	1. Yes 2. No 9. Doesn't know	 7052 7052	

7049	**Was the belly (abdominal) pain severe?**	1. Yes 2. No 9. Doesn't know		
7050	**For how long did (s)he have belly (abdominal) pain?** *Less than 1 day = '0'.*	1. Hours __ 2. Days __ 3. Months __ Doesn't know		Days,Months=<Age at Death Select 1- [0:23] 2- [1:30] 3- [1:60]
7051	**Was the pain in the upper or lower belly (abdomen)?**	1. Upper abdomen 2. Lower abdomen 3. Upper and lower abdomen 9. Doesn't know		Select one
7052	**Did (s)he have a more than usually protruding belly (abdomen)?**	1. Yes 2. No 9. Doesn't know	 7055 7055	
7053	**For how long before death did (s)he have a more than usually protruding belly (abdomen)?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]
7054	**How rapidly did (s)he develop the protruding belly (abdomen)?**	1. Rapidly 2. Slowly 9. Doesn't know		Select one
7055	**Did (s)he have any mass in the belly (abdomen)?**	1. Yes 2. No 9. Doesn't know	 7114 7114	
7056	**For how long did (s)he have a mass in the belly (abdomen)?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]

7114a	**Was there difficulty or pain in swallowing?**	1. Yes 2. No 9. Doesn't know	 7117 7117	
7115a	**For how long did (s)he have difficulty or pain in swallowing?**	Days __ Doesn't know		Select one
7117a	**Did swallowing become impossible?**	1. Solids 2. Liquids 3. Both 9. Doesn't know		Select one
UNCONSCIOUSNESS				
7065	**Was (s)he unconscious during the illness that led to death?**	1. Yes 2. No 9. Doesn't know	 Next symptom Next symptom	
7067	**How long before death did unconsciousness start?** *Less than 1 hour = '0'.*	1. Hours __ 2. Days __ Doesn't know		Select 1- [0:24] 2- [1:99]
7068	**Did the unconsciousness start suddenly, quickly (at least within a single day)?**	1. Yes 2. No 9. Doesn't know		
CONVULSIONS				
7071	**Did (s)he experience any generalized convulsions or fits during the illness that led to death?**	1. Yes 2. No 9. Doesn't know		
7073	**Did (s)he become unconscious immediately after the convulsion?**	1. Yes 2. No 9. Doesn't know		

URINARY PROBLEM				
7074	**Did (s)he have any urine problems?** *Explain to the respondent that urinary problems refer to urinating a lot or not at all, and blood in the urine.*	1. Yes 2. No 9. Doesn't know	 Next symptom Next symptom	
7075	**Did (s)he go to urinate more often than usual?**	1. Yes 2. No 9. Doesn't know		
7076	**During the final illness did (s)he ever pass blood in the urine?**	1. Yes 2. No 9. Doesn't know		
7077	**Did (s)he stop urinating?**	1. Yes 2. No 9. Doesn't know		
SKIN PROBLEM				
7079	**Did (s)he have sores or ulcers anywhere on the body?**	1. Yes 2. No 9. Doesn't know	 7082 7082	
7081	**Did the sores have clear fluid or pus?**	1. Yes 2. No 9. Doesn't know		
7082	**Did (s)he have an ulcer (pit) on the foot?**	1. Yes 2. No 9. Doesn't know	 7085 7085	
7083	**Did the ulcer on the foot ooze pus?**	1. Yes 2. No 9. Doesn't know	 7085 7085	
7084	**How long did the ulcer on the foot ooze pus?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Select 1- [0:30] 2- [1:60]

7085	**During the illness that led to death, did (s)he have any skin rash?**	1. Yes 2. No 9. Doesn't know	 7090 7090	
7086	**For how many days did (s)he have the skin rash?** Less than 1 day = '0'.	Days __ Doesn't know		[0:30]
7087	**Where was the rash?**	1. Face 2. Trunk or abdomen 3. Extremities 4. Everywhere 9. Doesn't know		Multiselect
7088	**Did (s)he have measles rash (**use local term**)?**	1. Yes 2. No 9. Doesn't know		
7090	**During the illness that led to death, did her/his skin flake off in patches?**	1. Yes 2. No 9. Doesn't know		
7091	**During the illness that led to death, did (s)he have areas of the skin that turned black?**	1. Yes 2. No 9. Doesn't know		
7092	**During the illness that led to death, did (s)he have areas of the skin with redness and swelling?**	1. Yes 2. No 9. Doesn't know		
7093	**During the illness that led to death, did (s)he bleed from anywhere?**	1. Yes 2. No 9. Doesn't know	 A015 A015	
7094	**Did (s)he bleed from the nose, mouth or anus?**	1. Yes 2. No 9. Doesn't know		
A015	**Did the deceased have any itchy red, pink, or purple rash or swelling on their toes in the weeks prior to death?**	1. Yes 2. No 9. Doesn't know		

WEIGHT LOSS				
7095	**Did (s)he have noticeable weight loss?**	1. Yes 2. No 9. Doesn't know		
7096	**Was (s)he severely thin or wasted?**	1. Yes 2. No 9. Doesn't know		
7097	**During the illness that led to death, did (s)he have a whitish rash inside the mouth or on the tongue?**	1. Yes 2. No 9. Doesn't know		
7098	**Did (s)he have stiffness of the whole body or was unable to open the mouth?**	1. Yes 2. No 9. Doesn't know		
7120	**Did her/his hair change in colour to a reddish or yellowish colour?**	1. Yes 2. No 9. Doesn't know		
7121	**Did (s)he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?** *Long term deficiency of the blood results in a pale, whitish appearance of the lips, tongue, and eye sac. Sometimes it is referred to as thinning or lack of blood, or pallor.*	1. Yes 2. No 9. Doesn't know		
OEDEMA				
7100	**Did (s)he have puffiness of the face?**	1. Yes 2. No 9. Doesn't know	 7102 7102	
7101	**How long did (s)he have puffiness of the face?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]

7102	**During the illness that led to death, did (s)he have swollen legs or feet?**	1. Yes 2. No 9. Doesn't know	7105 7105	
7103	**How long did the swelling last?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]
7104	**Did (s)he have both feet swollen?**	1. Yes 2. No 9. Doesn't know		
7105	**Did (s)he have general swelling of the body?**	1. Yes 2. No 9. Doesn't know		
LUMPS				
7106	**Did (s)he have any lumps?**	1. Yes 2. No 9. Doesn't know	Next symptom Next symptom	
7108	**Did (s)he have any lumps on the neck?**	1. Yes 2. No 9. Doesn't know		
7109	**Did (s)he have any lumps on the armpit?**	1. Yes 2. No 9. Doesn't know		
7110	**Did (s)he have any lumps on the groin?**	1. Yes 2. No 9. Doesn't know		

PARALYSIS				
7111	**Was (s)he in any way paralysed?**	1. Yes 2. No 9. Doesn't know	Next symptom Next symptom	
7112	**Did (s)he have paralysis of only one side of the body?**	1. Yes 2. No 9. Doesn't know	Next symprom	
7112a	**Did she have paralysis of both legs?**	1. Yes 2. No 9. Doesn't know		
JAUNDICE				
7118	**Did (s)he have yellow discoloration of the eyes?**	1. Yes 2. No 9. Doesn't know	Next symptom Next symptom	
7119	**For how long did (s)he have the yellow discoloration?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Days,Months=<Age at Death Select 1- [0:30] 2- [1:60]
CHILD BIRTH DETAILS				
7124	**Was the baby able to suckle or bottle-feed within the first 24 hours after birth?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year
7125	**Did the baby ever suckle in a normal way?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year

7126	**Did the baby stop suckling?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know	 7129 7129	Enabled only for child <1 year
7128	**How long after birth did the baby stop suckling?** *Less than 1 day = '0'.* *Ask only if the child was <1 year old at death.*	1. Days __ 2. Months __ Doesn't know		Select 1- [0:30] 2- [1:11] Enabled only for child <1 year
7129	**Did the baby have convulsions starting within the first 24 hours of life?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year
7130	**Did the baby have convulsions starting more than 24 hours after birth?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year
7131	**Did the baby's body become stiff, with the back arched backwards?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year
7132	**During the illness that led to death did the baby have a bulging or raised fontanelle?** *Ask only if the child was ≤18 months old at death.* *Show photo (if available).*	1. Yes 2. No 9. Doesn't know	7134	Enabled only for child <18 months
7133	**During the illness that led to death did the baby have a sunken fontanelle?** *Ask only if the child was ≤18 months old at death.* *Show photo (if available).*	1. Yes 2. No 9. Doesn't know		Enabled only for child <18 months
7134	**During the illness that led to death, did the baby become unresponsive or unconscious?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know	 7217 7217	Enabled only for child <1 year

7135	**Did the child become unresponsive or unconscious soon after birth, within less than 24 hours?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know	7217	Enabled only for child <1 year
7136	**Did the child become unresponsive or unconscious more than 24 hours after birth?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year
7217	**At birth, was the baby of usual size?** *Ask only if the child was <1 year old at death.* *Show photos (if available).*	1. Yes 2. No 9. Doesn't know	7221	Enabled only for child <1 year
7218	**At birth, was the baby smaller than usual (weighing under 2.5 kg)?**	1. Yes 2. No 9. Doesn't know	7220 7220	
7219	**At birth, was the baby very much smaller than usual (weighing under 1 kg)?**	1. Yes 2. No 9. Doesn't know	All: 7221	
7220	**At birth, was the baby larger than usual (weighing over 4.5 kg)?**	1. Yes 2. No 9. Doesn't know		
7221	**What was the weight (in grams) of the deceased at birth?** *Respondents may give the answer in kilograms. For the data entry, convert to grams. 1 kilogram=1,000 grams.* *Ask only if the child was <1 year old at death.*	Grams __ Doesn't know		[1000:5000] Enabled only for child <1 year
7225	**Was any part of the child physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on the body)** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year
7226	**Did the child have a swelling or defect on the back at time of birth?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year

7227	**Did the baby/child have a very large head at time of birth?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know	7210	Enabled only for child <1 year
7228	**Did the baby/child have a very small head at time of birth?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year
PREGNANCY DETAILS				
7210	**Was the child part of a multiple birth?** *Ask only if the child was <1 year old at death.* *If two or more children are born at the same time, it is counted as a multiple birth, even if one or more of the babies are born dead.*	1. Yes 2. No 9. Doesn't know	 7212 7212	Enabled only for child <1 year
7211	**Was the child the first, second or later in the birth order?** *Ask only if the child was <1 year old at death.*	1. First 2. Second or later 9. Doesn't know		Select one Enabled only for child <1 year
7212	**Is the mother still alive?** *If the mother is present at the interview, select 'yes' without asking the question aloud. Only read this question if the respondent is not the mother and if it is not yet known if the mother is alive.* *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know	7215 7215	Enabled only for child <1 year
7213	**Did the mother die before, during or after the delivery?** *Ask only if the child was <1 year old at death.*	1. Before delivery 2. During delivery 3. After delivery 9. Doesn't know	7215 7215 7215	Enabled only for child <1 year
7214	**How long after the delivery did the mother die?** *Ask only if the child was <1 year old at death.* *If less than 24 hours, record '0' days. If <1 week, record in days; if <2 months, record in weeks; if ≥ 2 months, record in completed months.*	1. Days __ 2. Weeks __ 3. Months __ Doesn't know		Select 1- [0:6] 2- [1:7] 3- [2:60] Enabled only for child <1 year

7215	**Where was the deceased born?** *Ask only if the child was <1 year old at death. Read the question and slowly read the first 5 choices. Respondent should hear all 5 choices and then respond.*	1. Hospital 2. Other health facility 3. Home of the deceased 4. On route to hospital or facility 5. Other 9. Doesn't know		Select one Enabled only for child <1 year
7216	**Did you/the mother receive professional assistance during the delivery?** *Ask only if the child was <1 year old at death.* *Explain to the respondent what is meant by professional assistance: delivery attended by a medical professional (doctor, nurse or midwife).*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year If respondent's sex (Q1016) is "Female" and relationship to the deceased (Q2006) is "Parent", use "you"; otherwise, use "the mother"
7222	**How many months long was the pregnancy before the child was born?** *Ask only if the child was <1 year old at death.*	Months __ Doesn't know		[6:10] Enabled only for child <1 year
7223	**Were there any complications in the late part of the pregnancy (defined as the last 3 months, before labour)?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year
7224	**Were there any complications during labour or delivery?** *Ask only if the child was <1 year old at death.*	1. Yes 2. No 9. Doesn't know		Enabled only for child <1 year
7229	**How many births, including stillbirths, did the baby's mother have before this baby?**	Births __ Doesn't know		[0:20]

KEY SYMPTOMS				
11001	**You said that (s)he had** [list positive symptoms]. **Which one occurred first? Second?** [Continue until all symptoms have been put in order.] *If '1' was previously selected for only one symptom, do not ask this question. If respondent does not know the order, enter the symptoms in the order in which they appear above.*	1. 2. 3. 4. 5. 6. 7.		Enabled only if '1. Yes' was selected for more than one symptom ALL IMPORTANT POSITIVE SYMPTOMS APPEAR, and the program requests the surveyor to put them in chronological order - FOLLOW EXACT SAME approach as in current e-VA
	Thank you for the information. You mentioned that the deceased had some problems before death. Can you please tell me about any medical treatment that they received for these problems? *USE THIS SPACE to take notes on details of medical treatment that the deceased received during the illness that led to death, as well as any additional probing of positive symptoms during the narrative. For paper forms, refer to the reminders (attached separately) for additional information to probe for each positive symptom.* _____ _____ _____ _____ _____ _____ _____			The format for the notes section is the same as in the current e-VA app. On left-hand side, summary of answers from probing of all positive symptoms appears in chronological order. Recording begins at the start of this section.

11002	[Narrative] **Thank you for your information. Now can you please tell me in your own words about the events that led to the death?** *Using the notes, read out the organised history to the respondent and get her/his confirmation before writing it below.* **Excuse me for a few minutes while I write out what you have told me. During this time, you are free to do something else for a few minutes. Afterwards, I have just a few more questions for you and we will close the interview. I appreciate your patience.** *Please put in chronological order the key symptoms, any treatments received, and probing questions. Remember your goal is NOT to arrive at a diagnosis (that will be done by the central doctors) but the KEY symptoms and the KEY sickness history in chronological order* _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			Minimum of 300 characters to be entered in the narrative text box Narrative must include at least one key word / phrase for each positive key symptom (listed in table at end of form); if not included, pop-up prompts surveyor with missing words. Recording ends after completion of this question.
I would like to ask some questions about the treatments that the deceased received and health services that were accessed.				
9001	**Did (s)he receive treatment for the illness that led to death?**	1. Yes 2. No 9. Doesn't know	9011 9011	
9002	**Did (s)he receive oral rehydration salts?**	1. Yes 2. No 9. Doesn't know		
9003	**Did (s)he receive (or need) intravenous fluids (drip) treatment?**	1. Yes 2. No 9. Doesn't know		

9004	**Did (s)he receive (or need) a blood transfusion?**	1. Yes 2. No 9. Doesn't know		
9005	**Did (s)he receive (or need) treatment/food through a tube passed through the nose?**	1. Yes 2. No 9. Doesn't know		
9006	**Did (s)he receive (or need) injectable antibiotics?**	1. Yes 2. No 9. Doesn't know		
9007	**Did (s)he receive (or need) antiretroviral therapy (ART)?**	1. Yes 2. No 9. Doesn't know		
9008	**Did (s)he receive (or need) an operation for the illness?**	1. Yes 2. No 9. Doesn't know		
9009	**Did (s)he have the operation within 1 month before death?**	1. Yes 2. No 9. Doesn't know		
202418	**Did s/he receive any medicines for malaria?**	1. Yes 2. No 9. Doesn't know		
202616	**Did s/he sleep under a mosquito net on most nights?**	1. Yes 2. No 9. Doesn't know		
9011	**Did (s)he receive any immunizations?**	1. Yes 2. No 9. Doesn't know	 9015 9015	
9012	**Do you have the child's vaccination card?**	1. Yes 2. No		

9013	**Can I see the child's vaccination card?** *If yes, capture picture of the vaccination card.*	1. Yes 2. No	 9015	camera
9014	[Select EPI vaccines done.]	1. BCG 2. DPT 3.HepB 4. Hib 5. Meningitis 6. Penta 7. Pneumo 8. Polio 10. Rota 11. No vaccines 9. Doesn't know		multiselect
202401	**Had s/he been vaccinated against COVID?**	1. Yes 2. No 9. Doesn't know	 202403 202403	
202403	**Had s/he received the yellow fever vaccine?**	1. Yes 2. No 9. Doesn't know		
202412	**Had s/he received a malaria vaccine?**	1. Yes 2. No 9. Doesn't know		
202406	**Had s/he received a vaccine against Ebola?**	1. Yes 2. No 9. Doesn't know		
9018	**Did a health care worker tell you the cause of death?**	1. Yes 2. No 9. Doesn't know	 9034 9034	
9019	**What did the health worker say?**	Text		

9020	**Do you have any health records that belonged to the deceased?**	1. Yes 2. No		
9021	**Can I see the health records?** If yes, *capture picture of the vaccination card.*	1. Yes 2. No		
9022	**[Record the date of the most recent (last) visit to a health facility.]**	1. Day __ 2. Month __ 3. Year __		
9023	**Has the deceased's biological mother ever been tested for HIV?**	1. Yes 2. No 9. Doesn't know		
9024	**Have you/has the deceased's biological mother ever been told she had HIV/AIDS by a health worker?**	1. Yes 2. No 9. Doesn't know		
9030	**Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?**	1. Yes 2. No 9. Doesn't know		
9034	**Over the course of illness, did the total costs of care and treatment prohibit other household payments?**	1. Yes 2. No 9. Doesn't know		
10001	**Was a death certificate issued?**	1. Yes 2. No 9. Doesn't know	 9036 9036	
10002	**Can I see the death certificate?** *If yes, take a picture of the death certificate.*	1. Yes (take picture) 2. No		If 1, flag for central team to extract data from picture.
9036	**Do you have a death registration certificate?** *If 'Yes', ask to see a certificate and take a picture.*	1. Yes (take picture) 2. No	10001 (flagged) 10001	If 1, flag questions 9037-9040 for central team to extract data from picture.

13010	[What was her/his citizenship/ nationality?]	1. Citizen at birth 2. Naturalized citizen 3. Foreign national 9. Doesn't know		
13012	[What was her/his place of birth?]	Text		
13014	[Where did the death occur? (specify country, province, district, village)]	Text		
			2001 (see note)	Add new deaths until the number matches Q070 from enumeration database; questions 13003 and 13007-13011 are auto-populated for each death.
12001	**I would like to take your blood pressure again. [Record systolic blood pressure (left arm – sitting) of the respondent.] (mmHg)**	mmHg		[80:250]
12002	**[Record diastolic blood pressure (left arm – sitting) of the respondent.] (mmHg)**	mmHg		[40: 180]
12003	**[Record heart rate of the respondent.]**	Beats per minute		[40: 200]
NOTE: THE FOLLOWING QUESTIONS ARE FOR AUTO-POPULATION AND ARE NOT TO BE ASKED TO RESPONDENTS.				
13001	[Is this a region of high HIV/AIDS mortality?] *Should be completed by the central office. HIGH corresponds to >1% of deaths, LOW around 0.1%, VERY LOW <0.01%*	1. High 2. Low 3. Very Low		
13002	[Is this a region of high malaria mortality?] *Should be completed by the central office. HIGH corresponds to >1% of deaths, LOW around 0.1%, VERY LOW <0.01%*	1. High 2. Low 3. Very Low		

13003	[During which season did (s)he die?]	1. Wet 2. Dry		
13004	[Name of VA interviewer]	Text		
13005	[Time at start of interview]	[hh: ___ ___mm ___ ___]		
13006	[Date of interview]	[dd/mm/yyyy]		
13021	[Time at end of interview]	[hh: ___ ___mm ___ ___]		