COD Study Neonate e-VA Instrument — Sierra Leone
Questionnaire for the death of a child aged under 28 days

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- [2023:.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. Prematurity / Low birth weight 2. Infections 3. Birth asphyxia / Birth trauma 4. Congenital problems 5. Diarrhoea 6. Pneumonia 7. Injury/accident 8. Other or unknown cause		Based on the respondent's stated COD captured here, apply symptom sequence (attached separately) to determine the order of key symptoms In the eVA, options will be suggested as the surveyor types, which are then automatically classified into one of these categories.
6001	How many days old was the baby when the fatal illness started?	Days __ Doesn't know		
6002	**Before the illness that led to death, was the baby growing normally?**	1. Yes 2. No 9. Doesn't know		
6003	**For how many days was (s)he ill before death?**	Days __ Doesn't know		Days=<Age at Death [0:27]
6005	**Did (s)he die suddenly?**	1. Yes 2. No 9. Doesn't know		
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.**				
4001	**Did the baby ever cry?**	1. Yes 2. No 9. Doesn't know	 4006 4006	

4002	**Did the baby cry immediately after birth, even if only a little bit?**	1. Yes 2. No 9. Doesn't know		4001=='Yes'
4003	**How many minutes after birth did the baby first cry?**	Minutes __ Doesn't know		Minutes=<Age at Death [1:60] 4001=='Yes'
4004	**Did the baby stop being able to cry?**	1. Yes 2. No 9. Doesn't know	4006 4006	4001=='Yes'
4006	**Did the baby ever move after being delivered?**	1. Yes 2. No 9. Doesn't know		
4007	**Did the baby ever breathe?**	1. Yes 2. No 9. Doesn't know	4012 4012	If the respondent answered “No” or “Doesn’t know” to both of Q4001 and Q4006, the skips change to 4011
4008	**Did the baby breathe immediately after birth, even a little?**	1. Yes 2. No 9. Doesn't know		4007!='Yes'
4009	**Did the baby have a breathing problem?**	1. Yes 2. No 9. Doesn't know		4007!='Yes'
4010	**Was the baby given assistance to breathe at birth?**	1. Yes 2. No 9. Doesn't know	All: 4012	4007!='Yes'
4011	**If the baby didn't show any sign of life, was it born dead?**	1. Yes 2. No 9. Doesn't know		4001!='Yes' && 4006!='Yes' && 4007!='Yes'

4012	**Were there any bruises or signs of injury on the baby's body after the birth?**	1. Yes 2. No 9. Doesn't know	All: 5001	If the respondent answered “Yes” to Q4011, no skip
4013	**Was the baby's body soft, pulpy, and discoloured and the skin peeling away?**	1. Yes 2. No 9. Doesn't know	All: 7210	4011=='Yes' || 4011=='Does not know'
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	 6001 6001	4011!='Yes'
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. Electrocution 10. Burns/fire 11. Injured by a firearm 12. Bite or sting 13. Stabbed/cut/pierced 14. Strangled 15. Flood 16. Earthquake 17. 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. Passenger in car or light vehicle 3. Passenger in bus or heavy vehicle 4. Passenger on a motorcycle 5. 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	 Next symptom Next symptom	4011!='Yes'
7002	**How many days did the fever last?** *Less than 1 day = '0'.*	Days __ Doesn't know		Days=<Age at Death [0:27]
7004	**Did the fever continue until death?**	1. Yes 2. No 9. Doesn't know		
COUGH				
7008	**Did (s)he have a cough?**	1. Yes 2. No 9. Doesn't know	 Next symptom Next symptom	4011!='Yes'
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	4011!='Yes'
7016a	**For how many days did the difficulty breathing or breathlessness last?** *Less than 1 day = '0'.*	Days __ Doesn't know		Days=<Age at Death [0:27]
7019	**During the illness that led to death, did (s)he have fast breathing?**	1. Yes 2. No 9. Doesn't know	 7022 7022	

7020	**For how many days did the fast breathing last?** *Less than 1 day = '0'.*	Days __ Doesn't know		Days=<Age at Death [0:27]
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
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	4011!='Yes'
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]
7037	**How many days before death did the frequent loose or liquid stools start?** *Less than 1 day = '0'.*	Days __ Doesn't know		Days=<Age at Death [0:27]
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		

VOMIT				
7042	**Did (s)he vomit?**	1. Yes 2. No 9. Doesn't know	 Next symptom Next symptom	4011!='Yes'
7043	**To clarify: Did (s)he vomit in the week preceding the death?**	1. Yes 2. No 9. Doesn't know		
7043a	**Did (s)he vomit every time (s)he ate and/or drank?**	1. Yes 2. No 9. Doesn't know		
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	
7134	**During the illness that led to death, did the baby become unresponsive or unconscious?**	1. Yes 2. No 9. Doesn't know		
7135	**Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours?**	1. Yes 2. No 9. Doesn't know		4011!='Yes'
7136	**Did the baby become unresponsive or unconscious more than 24 hours after birth?**	1. Yes 2. No 9. Doesn't know		
CONVULSIONS				
7070	**Did (s)he have convulsions?**	1. Yes 2. No 9. Doesn't know	 Next symptom Next symptom	4011!='Yes'

SKIN PROBLEM				
7085	**During the illness that led to death, did (s)he have any skin rash?**	1. Yes 2. No 9. Doesn't know		4011!='Yes'
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		
7141	**During the illness that led to death, did the baby have skin ulcer(s) or pits?**	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		
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		
JAUNDICE				
7118	**Did (s)he have yellow discoloration of the eyes?**	1. Yes 2. No 9. Doesn't know		4011!='Yes'
7142	**During the illness that led to death, did the baby have yellow skin, palms (hand) or soles (foot)?**	1. Yes 2. No 9. Doesn't know		
CHILD BIRTH DETAILS				
7124	**Was the baby able to suckle or bottle-feed within the first 24 hours after birth?**	1. Yes 2. No 9. Doesn't know		4011!='Yes'

7125	**Did the baby ever suckle in a normal way?**	1. Yes 2. No 9. Doesn't know		4011!='Yes'
7126	**Did the baby stop suckling?**	1. Yes 2. No 9. Doesn't know	 7129 7129	4011!='Yes'
7127	**How many days after birth did the baby stop suckling?** *Less than 1 day = '0'.*	Days __ Doesn't know		Days=<Age at Death [0:27] 7126=='Yes'
7129	**Did the baby have convulsions starting within the first 24 hours of life?**	1. Yes 2. No 9. Doesn't know	7131	4011!='Yes'
7130	**Did the baby have convulsions starting more than 24 hours after birth?**	1. Yes 2. No 9. Doesn't know		4011!='Yes'
7131	**Did the baby's body become stiff, with the back arched backwards?**	1. Yes 2. No 9. Doesn't know		4011!='Yes'
7132	**During the illness that led to death did the baby have a bulging or raised fontanelle?** *Show photo (if available).*	1. Yes 2. No 9. Doesn't know	7134	4011!='Yes'
7133	**During the illness that led to death did the baby have a sunken fontanelle?**	1. Yes 2. No 9. Doesn't know		4011!='Yes'
7137	**During the illness that led to death, did the baby become cold to touch?**	1. Yes 2. No 9. Doesn't know	 7139 7139	4011!='Yes'
7139	**During the illness that led to death, did the baby become lethargic after a period of normal activity?**	1. Yes 2. No 9. Doesn't know		4011!='Yes'

7140	**Did the baby have redness or pus drainage from the umbilical cord stump?**	1. Yes 2. No 9. Doesn't know		4011!='Yes'
7217	**At birth, was the baby of usual size?** *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	7217!='Yes'
7220	**At birth, was the baby larger than usual (weighing over 4.5 kg)?**	1. Yes 2. No 9. Doesn't know		7218=='No' || 7218=='Does not know'
7221a	**Is the child health card available?**	1. Yes 2. No		
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.*	Grams __ Doesn't know		[1000:5000]
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**)**	1. Yes 2. No 9. Doesn't know	Next section	
7226	**Did the child have a swelling or defect on the back at time of birth?**	1. Yes 2. No 9. Doesn't know	Next section	7225!='No'
7227	**Did the baby/child have a very large head at time of birth?**	1. Yes 2. No 9. Doesn't know	7210	7225!='No'

7228	**Did the baby/child have a very small head at time of birth?**	1. Yes 2. No 9. Doesn't know		7227=='No' || 7227=='Does not know'
7253	**Was the baby blue in colour at birth?**	1. Yes 2. No 9. Doesn't know		
PREGNANCY DETAILS				
7210	**Was the child part of a multiple birth?** *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	
7211	**Was the child the first, second or later in the birth order?**	1. First 2. Second or later 9. Doesn't know		Select one 7210=='Yes'
7215	**Where was the deceased born?** *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
7216	**Did you/the mother receive professional assistance during the delivery?** *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		For all questions with "you/the [baby's] mother", 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?**	Months __ Doesn't know		[6:10]

7224	**Were there any complications during labour or delivery?**	1. Yes 2. No 9. Doesn't know		
7229	**How many births, including stillbirths, did the baby's mother have before this baby?**	Births __ Doesn't know		[0:20]
7231a	**Did the baby stop moving in the womb?**	1. Yes 2. No 9. Doesn't know		
7231b	**Did the baby stop moving before or after the onset of labour?**	1. Before 2. After 9. Doesn't know	 7233 7233	7231a=='Yes' || 7231a=='Does not know'
7232	**How long before labour did you / the mother (**if respondent is another person who examined the mother**) last feel the baby move?** *Enter duration in hours or days. If less than one hour, enter '0'.*	1. Hours __ 2. Days __ Doesn't know		Select 1- [0:24] 2- [1:30] 7231b=='Before'
7233	**How many hours did labour and delivery take?** *If less than one hour enter '0'.*	Hours __ Doesn't know		[0:72]
7234	**Was the baby born 24 hours or more after the water broke?**	1. Yes 2. No 9. Doesn't know		
7235	**Was the liquid foul-smelling?**	1. Yes 2. No 9. Doesn't know		
7236	**What was the colour of the liquid when the water broke?**	1. Green or brown 2. Clear (normal) 3. Other 9. Doesn't know		Select one

7237	**Was the delivery normal vaginal, without forceps or vacuum?**	1. Yes 2. No 9. Doesn't know	7239	
7238	**Was the delivery vaginal, with forceps or vacuum?**	1. Yes 2. No 9. Doesn't know		7237!='Yes'
7239	**Did you/the mother receive any vaccinations since reaching adulthood including during this pregnancy?**	1. Yes 2. No 9. Doesn't know	 7242 7242	
7241	**Did you/the mother receive tetanus toxoid (TT) vaccine?**	1. Yes 2. No 9. Doesn't know		7239=='Yes'
7240	**How many doses?**	Doses __ Doesn't know		(0:7] 7239=='Yes'
7242	**During labour, did the baby's mother suffer from fever?**	1. Yes 2. No 9. Doesn't know		
7243	**During the last 3 months of pregnancy, labour or delivery, did you/ the baby's mother suffer from high blood pressure?**	1. Yes 2. No 9. Doesn't know		
7244	**Did you/the baby's mother have diabetes mellitus?**	1. Yes 2. No 9. Doesn't know		
7245	**Did you/the baby's mother have foul smelling vaginal discharge during pregnancy or after delivery?**	1. Yes 2. No 9. Doesn't know		
7246	**During the last 3 months of pregnancy, labour or delivery, did you/the baby's mother suffer from convulsions?**	1. Yes 2. No 9. Doesn't know		

7247	**During the last 3 months of pregnancy did you/the baby's mother suffer from blurred vision?**	1. Yes 2. No 9. Doesn't know		
7248	**Did you/the baby's mother have severe anaemia?**	1. Yes 2. No 9. Doesn't know		
7249	**Did you/the baby's mother have vaginal bleeding during the last 3 months of pregnancy but before labour started?**	1. Yes 2. No 9. Doesn't know		
7250	**Did the baby's bottom, feet, arm or hand come out of the vagina before its head?**	1. Yes 2. No 9. Doesn't know		
7251	**Was the umbilical cord wrapped more than once around the neck of the child at birth?**	1. Yes 2. No 9. Doesn't know		
7252	**Was the umbilical cord delivered first?**	1. Yes 2. No 9. Doesn't know		
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	4011!='Yes'
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		
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	 9015	
9013	**Can I see the child's vaccination card?** *If yes, capture the card.*	1. Yes 2. No	 9015	
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
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, c*apture 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.
13012	[What was her/his place of birth?]	Text		
13014	[Where did the death occur? (specify country, province, district, village)]	Text		
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		

			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 ___ ___]		