COD Study Adult e-VA Instrument — Sierra Leone
Questionnaire for the death of a person aged 12 years and above

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] 1001=='Yes'
1003	[Record diastolic blood pressure (left arm — sitting) of the respondent.]	mmHg		[40: 180] 1001=='Yes'
1004	[Record heart rate of the respondent.]	Beats per minute		[40: 200] 1001=='Yes'
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 the Interview	
98	[Enter consent barcode number manually.]	120245xxxxx		text, 120245[0-9]{5}
99	[Take picture of the consent form.]			camera
1018	**Let's start with some general questions about you. How is your current general health status?**	1. Excellent 2. Good 3. Fair 4. Poor		Select one
1019	**Did you smoke tobacco within the last 5 years?**	1. Yes 2. No 9. Doesn't know	 1023 1023	
1020	**What was the method of tobacco use?** *Enter more than one if applicable.*	1. Cigarette 2, Other (specify)	1022	Multiselect Skip is implemented if 1 is not chosen
1021	**How many cigarettes smoked per day?**	Number	1026	[0:99] Skip is implemented if 2 is not chosen in Q1020
1023	**Did you normally drink alcohol at least once a week during most weeks in the last 5 years?** *Use local term for alcohol.*	1. Yes 2. No 9. Doesn't know	 2001 2001	
1024	**What was the average number of days per week you drank?**	Number Doesn't know		[1:7]

1025	**What type of alcohol was most commonly consumed?**	1. Local liquor 2. Foreign liquor 3. Beer 9. Doesn't know		Select one
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- [1912:.2009]
13015	**What was her/his marital status?**	1. Never married 2. Engaged 3. Married (monogamous) 4. Married (polygamous) 5. Co-habitation (<5 years) 6. Co-habitation (≥ 5 years) 7. Separated 8. Divorced 10. Widowed 9. Doesn't know		

13017	**What was her/his highest level of schooling?**	1. No formal education 2. Kindergarten 3. Primary 4. Junior secondary 5. Senior secondary 6. Vocational/ Technical/ Nursing/ Teacher 7. Higher (first degree) 8. Tertiary (post-graduate) / PhD 10. Koranic 11. Other 9. Doesn't know		
13020	**What was her/his occupation, that is, what kind of work did (s)he mainly do?**	Text		
2005	**When did (s)he die?**	1. Day 2. Month 3. Year		1-[1:31] 2-[1:12] 3- [2019:.2025]
2009	**What is your/the respondent's relationship to the deceased?**	1. Parent 2. Child 3. Spouse 4. Other family member 5. Friend 6. Health worker 7. Public official 8. Another relationship		Select one Options differ from child and neonate forms (includes "Child")
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

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 2. TB 3. Chronic respiratory disease 4. Diarrhoea 5. Infections / typhoid/ viral fever / jaundice / fever 6. Injury/accident 7. Measles 8. Meningitis (brain fever) 9. Malaria 10. Nutritional/malnutrition 11. Kidney problem / endocrine disease 12. Liver problem 13. Cancer 14. HIV/STI 15. Heart disease 16. Stroke 17. Digestive disease 18. Maternal conditions 19. Other or unknown cause		Based on the respondent's stated COD captured here, apply symptom sequence (found at end of the form) to determine the order of the questions in Sections 5-7
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.**				
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 during the final illness.*	1. Tuberculosis 2. HIV/AIDS 3. Heart disease 4. High blood pressure 5. Diabetes 6. Stroke 7. Chronic lung disease 8. Asthma 9. Epilepsy 10. Cancer 11. Kidney disease 12. Liver disease 13. Depression 14. Measles 15. Sickle cell disease 16. Dengue fever 17. Dementia 18. Other (specify) __ 19. None of the above		multiselect If "10. Cancer" is selected, reminders about cancer will appear in the narrative section
6007	**Was an HIV test ever positive?**	1. Yes 2. No 9. Doesn't know		
202413	**Were they recently (within 2 months) 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	
202414a	**Were they:**	1. Positive for malaria 2. Negative for malaria 3. Do not know malaria result		Single select
202414b	**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	Multiselect Skips are implemented if only skip options are selected; if more than one skip option is selected, skip to the question that is numerically first (e.g. if 1 and 13 are selected, skip to 5007)
5003	**Was (s)he subject to violence (suicide, homicide, abuse)?**	1. Yes 2. No 9. Doesn't know		Question wording differs from child and neonate forms (includes "suicide")

5004	**Was the injury accidental?**	1. Yes 2. No 9. Doesn't know	Next symptom	Skip changes to 5007 if 1 was chosen or 5009 if 13 was chosen in Q5002
5005	**Was the injury self-inflicted?**	1. Yes 2. No 9. Doesn't know	Next symptom	Skip changes to 5007 if 1 was chosen or 5009 if 13 was chosen in Q5002
5006	**Was the injury intentionally inflicted by someone else?**	1. Yes 2. No 9. Doesn't know	All: Next symptom	No skip if 1 was chosen and skip changes to 5009 if 13 was chosen in Q5002
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 Skip is implemented if 13 was not chosen in Q5002

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
7007	**Did (s)he have night sweats?**	1. Yes 2. No 9. Doesn't know		
A008	**Did (s)he experience a new loss, change or decreased sense of smell or taste?**	1. Yes 2. No 9. Doesn't know		

A009	**Did s(h)e suffer from extreme fatigue?**	1. Yes 2. No 9. Doesn't know		
7057	**Did (s)he have a severe headache?**	1. Yes 2. No 9. Doesn't know		
A010	**Did (s)he have muscle aches (myalgia)?**	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		
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		

A012	**Did (s)he have a sore throat?**	1. Yes 2. No 9. Doesn't know		
BREATHING PROBLEM				
7014	**Did (s)he have a breathing problem?** (e.g. difficulty breathing, fast breathing, breathlessness, wheezing)	1. Yes 2. No 9. Doesn't know	 7030 7030	If yes, reminders about breathing problems will appear in the narrative section
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 difficult breathing or breathlessness last?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ 3. Years __ Doesn't know		Select 1-[0:30] 2-[1:60] 3-<Age
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]
7025	**Was (s)he unable to carry out daily routines due to breathlessness?**	1. Yes 2. No 9. Doesn't know		
7026	**Was (s)he breathless while lying flat?**	1. Yes 2. No 9. Doesn't know		

7029	**During the illness that led to death did (s)he have wheezing?**	1. Yes 2. No 9. Doesn't know		
CHEST PAIN				
7030	**Did (s)he have chest pain?**	1. Yes 2. No 9. Doesn't know	 7034 7034	If yes, reminders about chest pain will appear in the narrative section
7031	**Was the chest pain severe?**	1. Yes 2. No 9. Doesn't know		
7032	**How many days before death did (s)he have chest pain?** *Less than 1 day = '0'.*	Days __ Doesn't know		[0:30]
7033	**How long did the chest pain last?** *Less than 1 minute = '0'.*	1. Minutes __ 2. Hours __ 3. Days __ Doesn't know		Select one 1- [0:59] 2- [1:23] 3- [1:30],<Days Q7032
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	If yes, reminders about loose or liquid stools will appear in the narrative section
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]
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	 7047 7047	If yes, reminders about vomiting will appear in the narrative section
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		
7044	**How long before death did (s)he vomit?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Select 1- [0:30] 2- [1:60]
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	 7057 7057	If yes, reminders about stomach problems will appear in the narrative section
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		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		
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		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	 7114a 7114a	
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		Select 1- [0:30] 2- [1:60]
7114a	**Did (s)he have difficulty or pain in swallowing?**	1. Yes 2. No 9. Doesn't know	 7093 7093	

7115a	**For how long before death did (s)he have difficulty or pain in swallowing?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Select 1- [0:30] 2- [1:60]
7117a	**Did swallowing become impossible?**	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	Next symptom Next symptom	
7094	**Did (s)he bleed from the nose, mouth or anus?**	1. Yes 2. No 9. Doesn't know		
UNCONSCIOUSNESS				
7063	**Did (s)he have mental confusion?**	1. Yes 2. No 9. Doesn't know	7065 7065	If yes, reminders about unconsciousness will appear in the narrative section
7064	**How long did (s)he have mental confusion?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Select 1- [0:30] 2- [1:60]
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?**	Hours __ Days __ Doesn't know		
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?**	1. Yes 2. No 9. Doesn't know	Next symptom Next symptom	If yes, reminders about convulsions will appear in the narrative section
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	If yes, reminders about urinary problems will appear in the narrative section
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				
7078	**Did (s)he have any skin problems, ulcers, or sores?**	1. Yes 2. No 9. Doesn't know	Next symptom Next symptom	If yes, reminders about skin problems will appear in the narrative section
7079	**Did (s)he have sores or ulcers anywhere on the body?**	1. Yes 2. No 9. Doesn't know		

7080	**Did (s)he have sores?**	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	 7089 7089	
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		Select one
7088	**Did (s)he have measles rash** (use local term)**?**	1. Yes 2. No 9. Doesn't know		

7089	**Did (s)he ever have shingles herpes zoster?**	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		
A015	**Did the deceased report 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		If yes, reminders about weight loss will appear in the narrative section
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 inability 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				
7099	**Did (s)he have oedema/swelling?**	1. Yes 2. No 9. Doesn't know	Next symptom Next symptom	If yes, reminders about oedema/swelling will appear in the narrative section
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		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		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				

7107a	**Did (s)he have lumps anywhere else on the body?**	1. Yes 2. No 9. Doesn't know	Next symptom Next symptom	If yes, reminders about lumps will appear in the narrative section
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	If yes, reminders about paralysis will appear in the narrative section
7112	**Did (s)he have paralysis of only one side of the body?**	1. Yes 2. No 9. Doesn't know	7112a 7112a	
7112a	**Did (s)he 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	If yes, reminders about jaundice will appear in the narrative section

7119	**For how long did (s)he have the yellow discoloration?** *Less than 1 day = '0'.*	1. Days __ 2. Months __ Doesn't know		Select 1- [0:30] 2- [1:60]
SIGNS AND SYMPTOMS ASSOCIATED WITH PREGNANCY AND WOMEN				Section enabled only for female deaths
7144	**Did she have any lump(s) and/or ulcer(s) in the breast?**	1. Yes 2. No 9. Doesn't know		sex=='Female' adult
7146	**Did she ever have a period or menstruate?**	1. Yes 2. No 9. Doesn't know	7154a 7154a	sex=='Female' adult
7147	**When she had her period, did she have vaginal bleeding in between menstrual periods?**	1. Yes 2. No 9. Doesn't know	7149 7149	7146=='Yes' eligible female
7148	**Was the bleeding excessive?**	1. Yes 2. No 9. Doesn't know		7147=='Yes' eligible female
7149	**Was there excessive vaginal bleeding in the week prior to death?**	1. Yes 2. No 9. Doesn't know		sex=='Female' adult
7150	**Did her menstrual period stop naturally because of menopause?**	1. Yes 2. No 9. Doesn't know	7153	7146=='Yes' Enabled only for deaths aged >=40 years
7151	**At the time of death was her period overdue?**	1. Yes 2. No 9. Doesn't know	7154a 7154a	7146 == 'Yes' && 7150!='Yes' eligible female
7152	**For how many weeks had her period been overdue?**	Weeks __ Doesn't know	All: 7154a	[0:8], eligible female 7151=='Yes'
7153	**Did she have vaginal bleeding after cessation of menstruation?**	1. Yes 2. No 9. Doesn't know	All: 7160	female aged >=40 years 7150=='Yes'

7155	**Was she pregnant and not yet in labour at the time of death?**	1. Yes 2. No 9. Doesn't know	7159	eligible female 7150!='Yes' || fromDeathData.value
7176	**Did she die during labour or delivery?**	1. Yes 2. No 9. Doesn't know	7159	eligible female 7155=='No' || 7155'Doesn't know'
7177	**Did she die after delivering a baby?**	1. Yes 2. No 9. Doesn't know	 7181a 7181a	eligible female 7176!='Yes' && 7155!='Yes'
7178	**Did she die within 24 hours after delivery?**	1. Yes 2. No 9. Doesn't know	7181a	eligible female 7177=='Yes'
7156	**Did she die within 6 weeks after delivery?**	1. Yes 2. No 9. Doesn't know	7161	eligible female 7178=='No' || 7178=='Doesn't know'
7157a	**Did she die within 6 weeks of abortion or miscarriage?**	1. Yes 2. No 9. Doesn't know	 7160 7160	eligible female 7176!='Yes' && 7155!='Yes' && 7156!='Yes' && 7177!='Yes'
7157b	**Did she attempt to terminate the pregnancy?**	1. Yes 2. No 9. Doesn't know	 7160 7160	eligible female 7157a == 'Yes'
7158	**Did she die less than 1 year after delivery, abortion or miscarriage?**	1. Yes 2. No 9. Doesn't know	7161 7160 7160	eligible female 7176!='Yes' && 7155!='Yes' && 7157a!='Yes' && 7178!='Yes'

7160	**Please confirm: when she died, she was NEITHER pregnant NOR had delivered, had an abortion, or miscarried within 12 months of when she died – is that right?**	1. Yes (I confirm this was not a maternal death) 2. No (This was a maternal death)	Next symptom	eligible female 7155!='Yes'&&7176!='Yes' && 7178!='Yes' && 7156!='Yes' && 7157a!='Yes' && 7158!='Yes'
7154a	**Did she have a sharp abdominal pain in the first 3 months of pregnancy?**	1. Yes 2. No 9. Doesn't know		eligible female ((7177=='No' || 7178=='Does not know')
7154b	**Did she faint when she had the sharp abdominal pain?**	1. Yes 2. No 9. Doesn't know		eligible female 7154a=='Yes'
7159	**For how many months was she pregnant?**	Months __ Doesn't know	All: 7161	[1:10], eligible female 7160!='Yes (she was not pregnant, and she did
7181a	**How many babies was she pregnant with?**	1. Single birth 2. Twins 3. Triplets or more. 4. Doesn't know	All: 7183	Skip is implemented if 1 is chosen in Q7176 or Q7178, or 2 or 9 is chosen in Q7180 eligible female
7183	**How many births, including stillbirths, did she/the mother have before this baby?**	Births __ Doesn't know		[0: 15] eligible female 7160!='Yes (she was not
7184	**Had she had any previous Caesarean section?**	1. Yes 2. No 9. Doesn't know		eligible female 7160!='Yes (she was not pregnant, and she did
7185	**During pregnancy, did she suffer from high blood pressure?**	1. Yes 2. No 9. Doesn't know		eligible female 7160!='Yes (she was not pregnant, and she did
7186a	**Did she have foul smelling vaginal discharge during pregnancy?**	1. Yes 2. No 9. Doesn't know		eligible female 7160!='Yes (she was not pregnant, and she did

7187a	**Did she suffer from convulsions during the last 3 months of pregnancy and/or after delivery?**	1. Yes 2. No 9. Doesn't know		eligible female 7160!='Yes (she was not pregnant, and she did
7188a	**Did she have blurred vision during the last 3 months of pregnancy and/or after delivery?**	1. Yes 2. No 9. Doesn't know		eligible female 7160!='Yes (she was not pregnant, and she did
7189	**Did bleeding occur while she was pregnant?**	1. Yes 2. No 9. Doesn't know	 7192 7192	eligible female 7160!='Yes (she was not pregnant, and she did
7191	**Was there vaginal bleeding during the last 3 months of pregnancy but before labour started?**	1. Yes 2. No 9. Doesn't know		"eligible female 7160!='Yes (she was not pregnant, and she did
7192	**Did she have excessive bleeding during labour or delivery?**	1. Yes 2. No 9. Doesn't know		eligible female 7160!='Yes (she was not pregnant, and she did
7193a	**Did she have excessive bleeding after delivery?**	1. Yes 2. No 9. Doesn't know		eligible female 7160!='Yes (she was not pregnant, and she did
7193b	**Did she have excessive bleeding during or after abortion or miscarriage?**	1. Yes 2. No 9. Doesn't know		eligible female 7160!='Yes (she was not pregnant, and she did
7193c	**Did she have foul smelling vaginal discharge after delivery/abortion?**	1. Yes 2. No 9. Doesn't know		eligible female 7160!='Yes (she was not pregnant, and she did
7194	**Was the placenta completely delivered?**	1. Yes 2. No 9. Doesn't know		eligible female 7160!='Yes (she was not pregnant, and she did
7195	**Did she deliver or try to deliver an abnormally positioned baby?**	1. Yes 2. No 9. Doesn't know		eligible female 7160!='Yes (she was not pregnant, and she did

7196	**For how many hours was she in labour?** *Less than 1 hour = '0'.*	Hours __ Doesn't know		[0:72] "eligible female 7160!='Yes (she was not
7201	**Where did she give birth?**	1. Hospital 2. Other health facility 3. Home 4. On route to hospital or facility 5. Other 9. Doesn't know		Select one eligible female 7160!='Yes (she was not pregnant, and she did not recently deliver, have abortion, or miscarry)' &&
7202	**Did she 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		eligible female 7160!='Yes (she was not pregnant, and she did not recently deliver, have abortion, or miscarry)' &&
7203	**Who delivered the baby?**	1. Doctor 2. Midwife 3. Nurse 4. Relative 5. Self (the mother) 6. Traditional birth attendant 7. Other 9. Doesn't know		Select one eligible female 7160!='Yes (she was not pregnant, and she did not recently deliver, have abortion, or miscarry)' && 7177=='Yes'
7204	**Did she have an operation to remove her uterus shortly before death?**	1. Yes 2. No 9. Doesn't know		eligible female 7160!='Yes (she was not pregnant, and she did
7205	**Was the delivery normal vaginal, without forceps or vacuum?**	1. Yes 2. No 9. Doesn't know	Next section	eligible female 7160!='Yes (she was not pregnant, and she did
7206	**Was the delivery vaginal, with forceps or vacuum?**	1. Yes 2. No 9. Doesn't know	Next section	eligible female 7160!='Yes (she was not pregnant, and she did

7207	**Was the delivery a Caesarean section?**	1. Yes 2. No 9. Doesn't know		eligible female 7160!='Yes (she was not pregnant, and she did
I would like to ask some questions concerning habits that you and the deceased had; some of 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 all possible risk factors.				
Details of tobacco, alcohol, and features of deceased				
8004	**Did (s)he use any form of tobacco within the last 5 years?**	1. Yes 2. No 9. Doesn't know	 8001 8001	
8005	**What was the method of tobacco use?** *Enter more than one if applicable.*	1. Cigarette 2. Other (specify) __	 8007	Multiselect Skip is implemented if 1 is not chosen
8006	**How many cigarettes smoked per day?**	Number __	8001	[0:99] Skip is implemented if 2 was not chosen Q8005
8001	**Did (s)he normally drink alcohol at least once a week during most weeks in the last 5 years?** *Use local term for alcohol.*	1. Yes 2. No 9. Doesn't know	 11001 11001	
8002	**What was the average number of days per week (s)he drank?**	Number __ Doesn't know		[0:7]
8003	**What type of alcohol was most commonly consumed?**	1. Local liquor 2. Foreign liquor 3. Beer 9. Doesn't know		Select one
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.** _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			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	 9015 9015	Skip changed from removed A031
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		
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		
202407	**Did s/he take pills (excluding herbal or traditional medicines) REGULARLY for their blood pressure or BP?**	1. Yes 2. No 9. Doesn't know		age >= 40
202408	**Did s/he take aspirin REGULARLY?**	1. Yes 2. No 9. Doesn't know		age >= 40
202409	**Does s/he take pills (excluding herbal or traditional medicines) REGULARLY to control their weight, like pills for sugar diabetes or cholesterol?**	1. Yes 2. No 9. Doesn't know	A020 A020	age >= 40
202410	**Do you know if these pills for control of weight were sugar diabetes pills?**	1. Yes 2. No 9. Doesn't know		age >= 40
202411	**Do you know if these pills were for cholesterol?**	1. Yes 2. No 9. Doesn't know		age >= 40
A020	**Did (s)he ever require supplemental oxygen through a mask or through the nose?**	1. Yes 2. No 9. Doesn't know		

A021	**Did (s)he ever require intubation (breathing machine)?**	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	 9010 9010	
9009	**Did (s)he have the operation within 1 month before death?**	1. Yes 2. No 9. Doesn't know		
9015	**Was care sought outside the home while (s)he had this illness?**	1. Yes 2. No 9. Doesn't know	 9018 9018	
9016	**Where or from whom did you seek this care?** *Enter more than one if applicable.*	1. Traditional Healer 2. Religious Leader 3. Government Hospital 4. Government Health centre or clinic 5. Private Hospital 6. Community-based practitioner associated with health system 7. Trained Birth Attendant 8. Private Physician 10. Relative, friend (outside household) 11. Pharmacy 9. Doesn't know	9018 9018 9018 9018 9018 9018 9018 9018	Multiselect Skips are implemented if noneof3,4,and5are chosen
A022	**Did (s)he ever get admitted to an intensive care unit?**	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	 9020 9020	

9019	**What did the health care worker say?**	Text		
9020	**Do you have any health records that belonged to the deceased?**	1. Yes 2. No	 9030	
9021	**Can I see the health records?** *If yes, take a picture.*	1. Yes (take picture) 2. No	9030 (flagged) 9030	If 1, flag question 9022 for central team to extract data from picture.
9022	[Record the date of the most recent (last) visit to a health facility.]	1. Day __ 2. Month __ 3. Year __ Doesn't know		1- [1:31] 2- [1:12] 3- [2016:2024] Date must fall between birth and death dates
9030	**Does it take more than 2 hours to get to the nearest hospital 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		
VACCINES				
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		
202404	**Had she received the cervical cancer or HPV vaccine?**	1. Yes 2. No 9. Doesn't know		Only for women who died at ages 12-49 years.
202405	**Had s/he received as a child the smallpox vaccine?**	1. Yes 2. No 9. Doesn't know		Only for adults born before 1985.

202406	**Had s/he received a vaccine against Ebola?**	1. Yes 2. No 9. Doesn't know		
Sources of exposure				
A027	**In the two weeks before (s)he became sick, did (s)he have any contact with raw meat?**	1. Yes 2. No 9. Doesn't know		
A028	**In the two weeks before (s)he became sick, did (s)he have contact with live animals?**	1. Yes 2. No 9. Doesn't know		Wording modified from ARMS
A029	**What kind of animals?** *Prompt respondent about exposure to the following: bird (e.g. chickens, turkeys, ducks), bat, livestock (e.g. goats, cattle, camels), hare/rabbit, pig, rodent (e.g. rats, mice, squirrels).*	1. Bird (e.g. chickens, turkeys, ducks) 2. Bat 3. Livestock (e.g. goats, cattle, camels) 4. Horse 5. Hare/rabbit 6. Pig 7. Non-human primates 8. Rodent (e.g. rats, mice, squirrels) 10. Insect or tick bite (e.g. tick, flea, mosquito) 11. Reptile/amphibian 12. Domestic animals living in her/his home (e.g. cats, dogs, other) 13. Animal feces or nests 14. Sick or dead animal 15. Animal blood 16. Skinned, dressed, or eaten wild game 17. Visit to live animal market, farm, or zoo 18. Participated in animal surgery or necropsy		multiselect

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	12001	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]		
13007	[Address of the house]	Text		Auto-populated from SRS/CRVS
13009	[Enter adult's age in years.]	Years __		
13011	[What was her/his ethnicity?]	Text		
13013	[What was her/his place of usual residence? (the place where the person lived most of the year)]	Text		
13016	[What was the date of marriage?]	1. Day __ 2. Month __ 3. Year __		
13018	[Was (s)he able to read and/or write?]	1. Yes 2. No 9. Doesn't know		
13021	[Time at end of interview]	[hh: ___ ___mm ___ ___]		

In the eVA, the sequence of the 18 symptoms will appear based on the cause of death selected in Section 3.

“18. Maternal deaths” will only appear for female deaths aged 15- 49.

Respondent CODs with sequence	List of 18 symptoms with an associated number for sequence
1. Pneumonia→3, 2, 4, 5, 7, 9, 10, 15, 12, 8, 17, 11, 6, 13, 14, 16, 1, 18 2. Tuberculosis→3, 2, 13, 4, 5, 15, 7, 8, 17, 12, 9, 10, 11, 6, 14, 16, 1, 18 3. Chronic respiratory disease→3, 4, 2, 5, 7, 14, 13, 15, 12, 8, 17, 11, 9, 10, 16, 6, 1, 18 4. Diarrhoea→6, 7, 2, 11, 8, 3, 4, 5, 9, 10, 13, 12, 17, 14, 1, 15, 16, 18 5. Infections→2, 3, 4, 5, 17, 12, 7, 8, 6, 11, 13, 9, 10, 15, 14, 1, 16, 18 6. Injuries→1, 9, 10, 7, 4, 16, 2, 3, 5, 8, 14, 11, 12, 17, 13, 15, 6, 18 7. Measles→2,12,3,4,5,8,13,9,10,6,7,17,15,11,14,1,16,18 8. Meningitis→2, 7, 10, 9, 3, 4, 5, 16, 8, 11, 12, 17, 13, 14, 15, 1, 6, 18 9. Malaria→2,7,8,10,9,6,12,17,4,5,3,11,13,14,1,16,15,18 10. Nutritional→ 12, 2, 5, 6, 7, 10, 14, 11, 13, 17, 3, 4, 8, 9, 1, 15, 16, 18 11. Kidney problem / endocrine disease→8, 11, 7, 14, 12, 17, 2, 3, 4, 5, 9, 10, 13, 6, 15, 16, 1, 18 12. Liver problem→17, 2, 8, 12, 7, 4, 6, 11, 14, 13, 9, 10, 15, 3, 5, 1, 16, 18 13. Cancer→13,15,8,2,7,4,3,5,9,11,12,17,14,10,6,1,16,18 14. HIV/STI→12, 2, 13, 15, 7, 6, 4, 3, 8, 17, 9, 10, 16, 5, 11, 14, 1, 18 15. Heart Disease→5, 4, 7, 9, 16, 10, 14, 11, 2, 3, 8, 6, 12, 13, 17, 15, 1, 18 16. Stroke→16,9,10,4,5,7,14,11,2,3,8, 6,12,17,13,15,1,18 17. Digestive Disease→8, 7, 6, 11, 2, 17, 12, 13, 9, 10, 14, 15, 3, 4, 5, 1, 16, 18 18. Maternal Conditions→18, 11, 8, 7, 14, 2, 3, 4, 5, 9, 10, 12, 17, 13, 6, 15, 16, 1 19. Others→1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18	1. Injury 2. Fever 3. Cough 4. Breathing problem 5. Chest pain 6. Loose or liquid stool 7. Vomit 8. Abdominal problem 9. Unconscious 10. Convulsions 11. Urinary problem 12. Skin problem 13. Weight loss 14. Oedema 15. Lumps 16. Paralysed 17. Jaundice 18. Maternal deaths