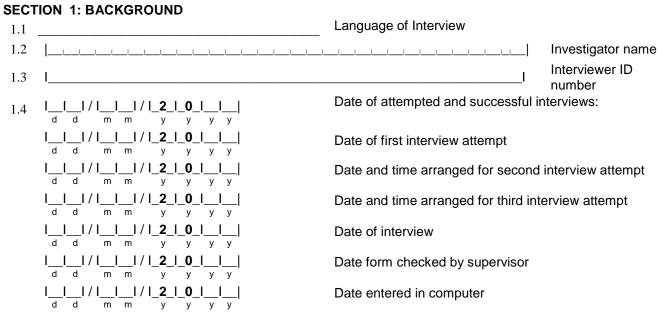




Patient Number: I\_\_I\_\_I\_\_I\_\_I Patient Initials: I\_\_I\_\_I\_\_I



Instructions to interviewer: Introduce yourself and explain the purpose of your visit. Ask to speak to the mother or to another adult who was the deceased's main caretaker during the illness that led to death. If this is not possible, arrange a time to revisit the household when the caretaker will be home.

1.5 Address of/directions to household

1.6 Sketch a Map if Needed





Patient Number: IIIII Patient Initials: I	i <u> </u>
---	------------

#### **SECTION 2: CONSENT**

0_0110	THE E. CONCLAS.
questic	VIEWER: Read the consent form to the respondent. Ask the respondent if he or she has any ons. Once any questions are answered, ask the respondent if he or she is willing to take part in dy. If so, ask them to sign the consent form.
2.1	□ Did respondent sign the consent form?
I	If yes, proceed to 3.1.
If ansv	wer is "No" then thank respondent for their time and end the interview.
SECTIO	ON 3: INFORMATION ABOUT RESPONDENT
3.1	Name of main respondent
	Vhat is the relationship of main respondent to the deceased? (tick relevant box)
Y	A.A. cl
Υ	Father
V	Grandmother
Y	Grandfather
	Aunt
Y Y Y	Uncle
	Birth attendant, type
Y	Other Male, specify
Y	Other Female, specify
22	
3.3  _	Years What is the age of main respondent?
3.4  _	Years How many years of school did the main respondent complete?
3.5 Y	Were there other people present at the time of the interview?
⊥ If "No"	<b>If yes</b> , provide the below information for any additional respondents.  go to 4.1
	Mother
Y	N Present during illness
Υ	Present at Death
3.7 F	ather
Υ	Present during illness
Y	Present at Death
3.8	Aunt
Y	Present during illness
3.9 U	∫
3.9 C	oncie
	N Present at Death
3.10	Grandfather
Y	Present during illness
Y	Present at Death
3.11	Grandmother
Y	Present during illness
Υ	Present at Death





Patient Number: I\_\_I\_\_I\_\_I Patient Initials: I\_\_I\_\_I\_\_I

3.12		ional Birth Atte	
		Present during	
3.13		Present at Deat Male, specify_	in .
		Present during	illness
	YNI	Present at Deat	h
3.14		Female, specif	•
		Present during i	
		Present at Deat	
3.15			How many people live at this address?  How many rooms are there in your home?
3.16	_	Numbers	(None = 0)
3.17	_	Numbers	How many chairs are there in your home?
0.40		. Normala ana	(None = 0) How many tables are there in your home?
3.18	_	Numbers	(None = $0$ )
3.19	.——	Numbers	How many cars are there in your household? (None = 0)
3.20		your home hav	ve electricity?
	브	Yes	
		No Defused to one	wor
		Refused to ans	wer
3.21		Don't know anyone in your	household have a bicycle?
·-·		Yes	
	Υ	No	
	Y	Refused to ans	wer
	Υ	Don't know	
3.22			household have a clock?
	브	Yes	
		No Refused to and	wor
	브	Refused to ans Don't know	wei
3.23	ш		household have a bucket?
		Yes	
	Y	No	
	Y	Refused to ans	wer
	ш	Don't know	
3.24			r household have a washing machine for clothes?
	브	Yes	
		No Refused to ans	wor
	별	Refused to ans	wei
	Y	1.70111 K(1()\W	





Patient Number: I\_\_I\_\_I\_\_I Patient Initials: I\_\_I\_\_I

3.25	Doe	s anyone in your household have a washing machine for dishes? Yes
	V	No
	<u></u>	Refused to answer
		Don't know
3.26	⊔ Doe	s anyone in your household have a refrigerator?
	Y	Yes
	Y	No
	Y	Refused to answer
	Y	Don't know
3.27	' Doe	s anyone in your household have a fixed telephone line?
	Y	Yes
	Y	No
	Y	Refused to answer
	Y	Don't know
3.28	Doe	s anyone in your household have a mobile/cellular telephone?
	Υ	Yes
	Υ	No
	Υ	Refused to answer
0.00	M	Don't know
3.29	Doe	s anyone in your household have a television? Yes
	Y	
	Y	No Refused to answer
	Y	
3 30	∐ Doe	Don't know sanyone in your household have a computer?
0.00	, Вос М	Yes
	Y	No
	Y	Refused to answer
	Y	Don't know
SEC <sup>-</sup>	ΓΙΟΝ <i>-</i>	4: BACKGROUND INFORMATION ABOUT DECEASED
4.1		Date of birth (if known)
4.2		Name of deceased (if >1 month)
4.3		Name of mother (if deceased <12 yrs)
4.4		Name of father (if deceased <12 yrs)
4.5		of deceased
	Y	Male
	Y	Female
4.6		/     /   Date of Death

 $\mathsf{m} \quad \mathsf{m} \qquad \mathsf{y} \quad \mathsf{y} \quad \mathsf{y} \quad \mathsf{y}$ 



Patient Initials: I\_\_I\_I\_\_I



Last known age of the deceased Days 4.7 |\_\_|\_| OR (Record "00" days if stillbirth) Years (99 = "Don't know") What was the marital status of deceased Never married Married Separated Divorced Windowed Completed years of education of the deceased Years 4.9 (99 = Don't know) STOP.

Patient Number: I\_\_I\_\_I\_\_I\_\_I

If deceased was <12 years old, begin Neonatal/Child VA Instrument If deceased was 12 years or older, begin Adult VA Instrument