

2012 WHO VERBAL AUTOPSY - Death of a Child Aged 4 Weeks below Questionnaire

Seaco, Monash

29 June, 2021

Form ID: VA_4WB Form Version: 2106291655

Variable Name: starttime

Variable Label: NULL

Data Type: date-time (start)

Variable Name: endtime

Variable Label: NULL

Data Type: date-time (end)

Variable Name: deviceid

Variable Label: NULL

Data Type: deviceid (string)

Variable Name: subscriberid

Variable Label: NULL

Data Type: subscriberid

Variable Name: duration

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: simid

Variable Label: NULL

Data Type: simserial

Variable Name: devicephonenum

Variable Label: NULL

Data Type: phonenum

Variable Name: dc_namelist

Variable Label: Please select your name:

Data Type: factor (select one)

Value	Label
dc_password	dc_name

Variable Name: dc_name

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: dc_id

Variable Label: Please key in your password:

Data Type: string

Variable Name: sensitive_response

Variable Label: NULL

Data Type: calculate_here

Variable Name: intrvwType

Variable Label: Please select an interview method

Data Type: factor (select one)

Value	Label
1	Phone Interview
2	Face to face Interview

Variable Name: health_1

Variable Label: Have you been to any area or states of COVID-19 as indicated by Malaysian Ministry of Health over the past 14 days?

Data Type: factor (select one)

Value	Label
0	No
1	Yes

Variable Name: health_2

Variable Label: Please indicate the zone status:

Data Type: factor (select one)

Value	Label
0	Red
1	Yellow/Green

Variable Name: health_2_1

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: health_note

Variable Label: Have you had any of the following symptoms over the past 14 days?

Data Type: factor (select one)

Value	Label
0	No
1	Yes

Variable Name: health_3

Variable Label: Fever

Data Type: factor (select one)

Value	Label
0	No
1	Yes

Variable Name: health_4

Variable Label: Cough

Data Type: factor (select one)

Value	Label
0	No
1	Yes

Variable Name: health_5

Variable Label: Difficulty in breathing

Data Type: factor (select one)

Value	Label
0	No
1	Yes

Variable Name: health_6

Variable Label: Sore throat

Data Type: factor (select one)

Value	Label
0	No
1	Yes

Variable Name: health_7

Variable Label: Other symptoms

Data Type: factor (select one)

Value	Label
0	No
1	Yes

Variable Name: health_8

Variable Label: Other symptoms

Data Type: string

Variable Name: health_9

Variable Label: Have you been in close contact with person suspected to have COVID-19?

Data Type: factor (select one)

Value	Label
0	No
1	Yes

Variable Name: calhealth

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: barcode_01

Variable Label: Was this address previously registered by SEACO?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: alwaysHide

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: searchopt

Variable Label: Please select an appropriate identification of the household

Data Type: factor (select one)

Value	Label
1	SEACO House Barcode
3	House Address
5	House ID

Variable Name: searchoptText

Variable Label: Please enter part of the word to search:

Data Type: string

Variable Name: searchopt1_list

Variable Label: Barcode

Data Type: factor (select one)

Value	Label
HouseDetails_ID	HouseDetails_ID

Variable Name: searchopt2_list

Variable Label: Individual Name

Data Type: factor (select one)

Value	Label
HouseDetails_ID	residents_name

Variable Name: searchopt3_list

Variable Label: House Address

Data Type: factor (select one)

Value	Label
HouseDetails_ID	address_summary

Variable Name: searchopt4_list

Variable Label: MyKad

Data Type: factor (select one)

Value	Label
HouseDetails_ID	ic_5a

Variable Name: searchopt5_list

Variable Label: House ID

Data Type: factor (select one)

Value	Label
HouseDetails_ID	house_id

Variable Name: updateListSelected

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: address_name_summary

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: houseDetails_id_census

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: cs_submissionkey_census

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: nameSelected

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: existing_barcode

Variable Label: Is the following barcode accurate?

$\{\text{houseDetails_id_census}\}$

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: barcode_02

Variable Label: Is the SEACO Barcode available?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: barcode_03

Variable Label: Why is there no Barcode?

Data Type: factor (select one)

Value	Label
1	The Barcode was removed
2	The Barcode is missing/lost
3	The household is part of SEACO, but no Barcode was ever attached to the house
4	The house is empty and I can't see the barcode

Variable Name: barcode__04

Variable Label: Try to record the barcode with the camera

Data Type: string

Variable Name: barcode__05

Variable Label: The barcode was not recorded. Manually enter it.

Data Type: string

Variable Name: existing__house__address

Variable Label: Is the following address accurate?

\${address_name_summary}

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: house__id

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: barcode__07

Variable Label: Respondent status

Data Type: factor (select one)

Value	Label
1	Agree
2	Reject
3	Empty/ Moved
4	Not at Home (Uncontactable)

Variable Name: datetime__visit__01

Variable Label: Date and time visit (Do not change the values – swipe to next page)

Data Type: datetime

Variable Name: deceased__nameNE

Variable Label: 1A100. What was the name of the deceased?

Data Type: string

Variable Name: status__visit02

Variable Label: Second visit: House status

Data Type: factor (select one)

Value	Label
1	Yes
2	No
3	Empty House
4	No respondent at home

Variable Name: datetime__visit__02

Variable Label: Date and time visit (Do not change the values – swipe to next page)

Data Type: datetime

Variable Name: status__visit03

Variable Label: Third visit: House status

Data Type: factor (select one)

Value	Label
1	Yes
2	No
3	Empty House
4	No respondent at home

Variable Name: `datetime_visit_03`

Variable Label: Date and time visit (Do not change the values – swipe to next page)

Data Type: datetime

Variable Name: `consent_record`

Variable Label: Do you get permission or consent to record this interview? $\${calchealth}$

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: `typeOfRejection`

Variable Label: Type of Rejection:

Data Type: factor (select one)

Value	Label
-99	Other
1	Reject DC
2	Reject DCS
3	Reject Door Knocker

Variable Name: `rejectionreq`

Variable Label: In your opinion, would rejection revisit by another data collector or door knocker or DC Supervisor change the status?

Data Type: factor (select one)

Value	Label
1	Yes

Value	Label
2	No

Variable Name: reasonGive

Variable Label: Is the reason of refusal from:

Data Type: factor (select one)

Value	Label
1	Observation
2	Respondent answer

Variable Name: categoryRejectChoose

Variable Label: Category of reject

Data Type: factor (select multiple)

Value	Label
1	No interest in survey (don't feel interview/research is necessary)
2	Complete avoidance (ex:Respondent at home but didn't give response/did not have a chance to introduce)
3	Not a suitable time (Grief / in the period of mourning/ busy with other work)
4	Too frequent visits from SEACO
5	Concerning of data privacy
6	Appointments scheduled but eventually refused with no reason
7	Others

Variable Name: typeOfRejection_other

Variable Label: Please state other type of rejection

Data Type: string

Variable Name: reasonOthers

Variable Label: Please specify other category of reject?

Data Type: string

Variable Name: nonparticipate__deceased__name__yesno

Variable Label: Does the respondent willing to give the name of the deceased?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: nonparticipate__deceased__name

Variable Label: What was the name of the deceased?

Data Type: string

Variable Name: trigger__1

Variable Label: Start the question

Data Type: trigger

Variable Name: acknowledge__section1

Variable Label: SECTION 1. BASIC INFORMATION ABOUT THE INTERVIEW AND THE RESPONDENT

Data Type: acknowledge

Variable Name: respondent__name

Variable Label: 2A100. Name verbal autopsy respondent

Data Type: string

Variable Name: participant__ic

Variable Label: Does the respondent have a NRIC

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: participant_ic_yes

Variable Label: Enter NRIC number

Data Type: string

Variable Name: participant_ic_yes2

Variable Label: Enter NRIC number (repeat)

Data Type: string

Variable Name: participant_ic_no

Variable Label: What other identification does the respondent has?

Data Type: factor (select one)

Value	Label
1	Other Malaysian government issued ID
2	Foreign passport
3	Other
4	ID missing

Variable Name: participant_ic_no_other

Variable Label: Please specify other

Data Type: string

Variable Name: id_number

Variable Label: Please enter the ID number (include letters in UPPERCASE)

Data Type: string

Variable Name: phone_number

Variable Label: Phone number

Data Type: string

Variable Name: consent_note

Variable Label: I $\{\text{respondent_name}\}$ have been asked to take part in the Monash University research project specified above. I have read the Explanatory Statement or it was read out to me in full (which is applicable). I understood the agreeing to take part means what. My participation in this project is purely voluntary. I can withdraw myself at any stage of the project and there is no penalty if I decide not to participate or refuse to respond to any questions. Hereby I consent to participate in this project.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_1

Variable Label: To be interviewed by the researcher

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_2

Variable Label: To allow the interview to be recorded by electronic device

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_3

Variable Label: To allow the data to be kept in secure storage and accessible to the research team

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_4

Variable Label: To allow the data to be kept in secure storage and accessible to the research team

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_5

Variable Label: To allow the research findings to be published in de-identified summary form

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consented__initial_1

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: signiture

Variable Label: \${respondent_name}'s signature

Data Type: image

Variable Name: signed

Variable Label: Did \${respondent_name} sign the consent?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consented__1

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: trigger__2

Variable Label: We do not have consent to continue. Save and Close the form.

Data Type: acknowledge

Variable Name: acknowledge__section2

Variable Label: SECTION 2. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH

Data Type: acknowledge

Variable Name: deceased__name

Variable Label: 1A100. What was the name of the deceased

Data Type: string

Variable Name: relationship__deceased

Variable Label: 2A110. What is your relationship to the \${deceased__name}?

Data Type: factor (select one)

Value	Label
1	Father
2	Mother
3	Son/daughter
4	Spouse
5	Sibling
6	Relatives
7	No Relation

Value	Label
8	Other

Variable Name: relationship_deceased_other

Variable Label: If other, please specify what relationship do you have?

Data Type: string

Variable Name: live_deceased

Variable Label: 2A115. Did you live with the \${deceased_name} in the period leading to the \${deceased_name} death?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased_1A110

Variable Label: 1A110. What is the \${deceased_name}'s gender

Data Type: factor (select one)

Value	Label
1	Female
2	Male

Variable Name: deceased_1A200

Variable Label: 1A200. Is date of birth known?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased_1A210

Variable Label: 1A210. When was the \${deceased_name} born?

Data Type: date

Variable Name: deceased_1A220

Variable Label: 1A220. Is date of death known?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased_1A230

Variable Label: 1A230. When did he/she pass away?

Data Type: date

Variable Name: deceased_1A260

Variable Label: 1A260. How old was the \${deceased_name} when he/she passed away?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Hours
2	Day

Variable Name: deceased_1A260_hours

Variable Label: If hours, please specify

Data Type: integer

Variable Name: deceased_1A260_days

Variable Label: If days, please specify

Data Type: integer

Variable Name: deceased__1A500

Variable Label: 1A500. What was the \${deceased__name}'s citizenship?

Data Type: factor (select one)

Value	Label
-9	Refused to answer
-8	Don't know
1	Malaysian
2	Singaporean
3	Indian
4	Vietnamese
5	Philippines
6	Bangladeshi
7	Nepali
8	Thai
9	Cambodian
10	Other

Variable Name: deceased__1A500__other

Variable Label: If other please specify citizenship of the \${deceased__name}.

Data Type: string

Variable Name: deceased__1A510

Variable Label: 1A510. What was the \${deceased__name}'s ethnicity?

Data Type: factor (select multiple)

Value	Label
-9	Refused to answer
-8	Don't know
1	Malay
2	Chinese
3	Indian
4	Bumiputera
5	Orang Asli
6	Other

Variable Name: deceased_1A510_other

Variable Label: If other, please specify the ethnicity of the \${deceased_name}.

Data Type: string

Variable Name: deceased_1A520

Variable Label: 1A520. What was her/his place of birth?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Hospital
2	Other Health Facility
3	Home
4	Other

Variable Name: deceased_1A520_other

Variable Label: If other, please specify

Data Type: string

Variable Name: HouseDetails_Mukim

Variable Label: Which mukim is that dwelling in?

Data Type: factor (select one)

Value	Label
1	Bekok
2	Chaah
3	Gemereh
4	Jabi
5	Sungai Segamat

Variable Name: HouseDetails_Batu

Variable Label: Which batu is that dwelling along?

Data Type: factor (select one)

Value	Label
HouseDetails_Batu	HouseDetails_Batu

Variable Name: HouseDetails__Area

Variable Label: Type of the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?

Data Type: factor (select one)

Value	Label
HouseDetails__Area3	HouseDetails__AreaDesc3

Variable Name: HouseDetails__Area2

Variable Label: Please specify the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?

Data Type: factor (select one)

Value	Label
HouseDetails__Area4	HouseDetails__Area4

Variable Name: HouseDetails__Area3

Variable Label: Type of the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?

Data Type: factor (select one)

Value	Label
HouseDetails__Area	HouseDetails__AreaDesc

Variable Name: HouseDetails__Area4

Variable Label: Please specify the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?

Data Type: factor (select one)

Value	Label
HouseDetails_Area2	HouseDetails_Area2

Variable Name: HouseDetails_Street

Variable Label: Type of the Street/Lorong of that dwelling?

Data Type: factor (select one)

Value	Label
HouseDetails_Street3	HouseDetails_StreetDesc3

Variable Name: HouseDetails_Street2

Variable Label: Please specify the Street name/Lorong of that dwelling?

Data Type: factor (select one)

Value	Label
HouseDetails_Street4	HouseDetails_Street4

Variable Name: HouseDetails_Street3

Variable Label: Type of the Street/Lorong of that dwelling?

Data Type: factor (select one)

Value	Label
HouseDetails_Street	HouseDetails_StreetDesc

Variable Name: HouseDetails_Street4

Variable Label: Please specify the Street name/Lorong of that dwelling?

Data Type: factor (select one)

Value	Label
HouseDetails_Street2	HouseDetails_Street2

Variable Name: HouseDetails__Number

Variable Label: Type of the Lot number/House number/Pole number of that dwelling?

Data Type: factor (select one)

Value	Label
1	Lot
2	Number
3	Pole number
4	Not applicable

Variable Name: HouseDetails__Number2

Variable Label: Please specify the Lot number/House number/Pole number of that dwelling?

Data Type: string

Variable Name: HouseDetails__Number3

Variable Label: Type of the Lot number/House number/Pole number of that dwelling?

Data Type: factor (select one)

Value	Label
1	Lot
2	Number
3	Pole number
4	Not applicable

Variable Name: HouseDetails__Number4

Variable Label: Please specify the Lot number/House number/Pole number of that dwelling?

Data Type: string

Variable Name: addrAreaVal

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: addrAreaVal2

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: finalValArea

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: addrStreetVal

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: addrStreetVal2

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: finalValStreet

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: addrNumberVal

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: addrNumberVal2

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: finalValNumber

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: finalbatu

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: finalMukim

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: deceased_home

Variable Label: Was this house is the \${deceased_name}'s home before the death?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased_inside_segamat

Variable Label: Was the \${deceased_name}'s home in Segamat?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: deceased_inside_segamat2

Variable Label: Do you know the address of the house of the \${deceased_name} in Segamat?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: Deceased_HouseDetails_Mukim

Variable Label: Which mukim is that dwelling in?

Data Type: factor (select one)

Value	Label
1	Bekok
2	Chaah
3	Gemereh
4	Jabi
5	Sungai Segamat

Variable Name: Deceased_HouseDetails_Batu

Variable Label: Which batu is that dwelling along?

Data Type: string

Variable Name: Deceased_HouseDetails_Area

Variable Label: Type of the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?

Data Type: factor (select one)

Value	Label
1	Taman
2	Kampung
3	Felda
4	Felcra
5	Quarters
6	Not applicable

Variable Name: Deceased_HouseDetails_Area2

Variable Label: Please specify the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?

Data Type: string

Variable Name: Deceased__HouseDetails__Area3

Variable Label: Type of the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?

Data Type: factor (select one)

Value	Label
1	Taman
2	Kampung
3	Felda
4	Felcra
5	Quarters
6	Not applicable

Variable Name: Deceased__HouseDetails__Area4

Variable Label: Please specify the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?

Data Type: string

Variable Name: Deceased__HouseDetails__Street

Variable Label: Type of the Street/Lorong of that dwelling?

Data Type: factor (select one)

Value	Label
1	Jalan
2	Lorong
3	Not applicable

Variable Name: Deceased__HouseDetails__Street2

Variable Label: Please specify the Street name/Lorong of that dwelling?

Data Type: string

Variable Name: Deceased__HouseDetails__Street3

Variable Label: Type of the Street/Lorong of that dwelling?

Data Type: factor (select one)

Value	Label
1	Jalan
2	Lorong
3	Not applicable

Variable Name: Deceased__HouseDetails__Street4

Variable Label: Please specify the Street name/Lorong of that dwelling?

Data Type: string

Variable Name: Deceased__HouseDetails__Number

Variable Label: Type of the Lot number/House number/Pole number of that dwelling?

Data Type: factor (select one)

Value	Label
1	Lot
2	Number
3	Pole number
4	Not applicable

Variable Name: Deceased__HouseDetails__Number2

Variable Label: Please specify the Lot number/House number/Pole number of that dwelling?

Data Type: string

Variable Name: Deceased__HouseDetails__Number3

Variable Label: Type of the Lot number/House number/Pole number of that dwelling?

Data Type: factor (select one)

Value	Label
1	Lot
2	Number
3	Pole number

Value	Label
4	Not applicable

Variable Name: Deceased_HouseDetails_Number4

Variable Label: Please specify the Lot number/House number/Pole number of that dwelling?

Data Type: string

Variable Name: deceased_1A560

Variable Label: 1A560. What was the place of the \${deceased_name}'s death?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Hospital
2	Other Health Facility
3	Current address
4	Different address
5	Other

Variable Name: deceased_1A560_other

Variable Label: If other, please specify site of death

Data Type: string

Variable Name: deceased_1A630_1

Variable Label: Do you know the full name of \${deceased_name}'s mother?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased_1A630

Variable Label: 1A630. What was the name of the mother?

Data Type: string

Variable Name: deceased_1A620_1

Variable Label: Do you know the full name of \${deceased_name}'s father?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased_1A620

Variable Label: 1A620. What was the name of the father?

Data Type: string

Variable Name: register_death

Variable Label: Was the death of the \${deceased_name} has been registered?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: acknowledge_section3

Variable Label: SECTION 3. DEATH REGISTRATION AND CERTIFICATION

Data Type: acknowledge

Variable Name: ishavedeathcert

Variable Label: Do you have the \${deceased_name} death certificate?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: reg_cert_1A700

Variable Label: 1A700. Death registration number

Data Type: string

Variable Name: reg_cert_1A710

Variable Label: 1A710. Date of registration

Data Type: date

Variable Name: reg_cert_1A720_1

Variable Label: 1A720_1. Where was the death registered

Data Type: factor (select one)

Value	Label
1	Jabatan Pendaftaran Negara (JPN)
2	Police Station
3	Hospital
4	Clinic Health
5	Other

Variable Name: reg_cert_1A720_2

Variable Label: 1A720_2. If other please specify:

Data Type: string

Variable Name: reg_cert_1A720_3

Variable Label: 1A720_3. Registration Centre

Data Type: string

Variable Name: reg_cert_1A720_4

Variable Label: 1A720_4. Photo of the Death Certificate

Data Type: image

Variable Name: reg_cert_id_no

Variable Label: Does the \${deceased_name} has an ID?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: reg_cert_id_type

Variable Label: What type of ID was the \${deceased_name} using before he/she passed away?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Birth Certificate
2	MyKAD
3	MyKID
4	MyPolis
5	MyTentera
6	MyPR
7	Passport
8	Other

Variable Name: reg_cert_id_type_other

Variable Label: Enter the type of ID the \${deceased_name} using.

Data Type: string

Variable Name: reg_cert_nric1

Variable Label: Enter the \${deceased_name}'s ID (MyKAD, MyKID, MyPolis, MyTentera, MyPR, etc.)

Data Type: string

Variable Name: reg_cert_nric2

Variable Label: Re-enter the \${deceased_name}'s ID (MyKAD, MyKID, MyPolis, MyTentera, MyPR, etc.)

Data Type: string

Variable Name: reg_cert_nric_foreign

Variable Label: Enter the ID number (include letters in UPPERCASE)

Data Type: string

Variable Name: acknowledge_section4

Variable Label: SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS'S LEADING TO DEATH

Data Type: acknowledge

Variable Name: allowAudioRcd

Variable Label: May I have this section audio recorded?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deathcause__1

Variable Label: Could you tell me about the illness/events that led to her/his death?

Data Type: audio

Variable Name: deathcause__2

Variable Label: CAUSE OF DEATH 1 ACCORDING TO RESPONDENT

Data Type: string

Variable Name: deathcause_3

Variable Label: CAUSE OF DEATH 2 ACCORDING TO RESPONDENT

Data Type: string

Variable Name: acknowledge_section5

Variable Label: SECTION 5. PREGNANCY HISTORY

Data Type: acknowledge

Variable Name: section_5

Variable Label: I would like to ask you some questions concerning the mother and symptoms that the $\{\text{deceased_name}\}$ had/showed at birth and shortly after. Some of these questions may not appear to be directly related to the baby's death. Kindly be patient and answer all the que

Data Type: acknowledge

Variable Name: pregnancy_3D500

Variable Label: 3D500. How many births, including stillbirths, did the $\{\text{deceased_name}\}$ mother have before this $\{\text{deceased_name}\}$?

Data Type: integer

Variable Name: pregnancy_3D210

Variable Label: 3D210. How many weeks was the pregnancy when the $\{\text{deceased_name}\}$ was born?

Data Type: integer

Variable Name: pregnancy_3D510

Variable Label: 3D510. During the pregnancy did the $\{\text{deceased_name}\}$ mother suffer from high blood pressure?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: pregnancy_3D550

Variable Label: 3D550. Did the \${deceased_name} mother have vaginal bleeding during the ;last 3 months of pregnancy but before labour started?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: pregnancy_3D520

Variable Label: 3D520. Did the \${deceased_name} mother have foul smelling vaginal discharge during pregnancy and/or after delivery?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: pregnancy_3D540

Variable Label: 3D540. During the last 3 months of pregnancy did the \${deceased_name} mother suffer from blurred vision?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: pregnancy_3D530

Variable Label: 3D530. During the last 3 months of pregnancy did the \${deceased_name} mother suffer from convulsions?

Data Type: factor (select one)

Value	Label
-8	Don't know

Value	Label
1	Yes
2	No

Variable Name: pregnancy_3D100

Variable Label: 3D100. Was the \${deceased_name} part of a multiple birth?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: pregnancy_3D110

Variable Label: 3D110. Was the \${deceased_name} born in a complicated delivery?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: acknowledge_section6

Variable Label: SECTION 6. DELIVERY HISTORY

Data Type: acknowledge

Variable Name: delivery_3D560

Variable Label: 3D560. Was the \${deceased_name} born in a health facility?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: delivery_3D570

Variable Label: 3D570. Was the \${deceased_name} born at home?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: delivery_3D580

Variable Label: 3D580. Was the \${deceased_name} born somewhere else (e.g. on the way to a health facility)?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: delivery_3D590

Variable Label: 3D590. Did the mother receive professional assistance during the delivery?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: delivery_3D120

Variable Label: 3D120. Was the \${deceased_name} born 24 hours or more after the water broke?

Data Type: factor (select one)

Value	Label
-8	Don't know

Value	Label
1	Yes
2	No

Variable Name: **delivery__3D130**

Variable Label: 3D130. Did the \${deceased_name} stop moving in the womb before labour started?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: **delivery__3D140**

Variable Label: 3D140. Was \${deceased_name} in a normal vaginal delivery?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: **delivery__3D150**

Variable Label: 3D150. Was \${deceased_name} born with forceps/vacuum?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: **delivery__3D160**

Variable Label: 3D160. Was \${deceased_name} delivered by caesarean section?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: **delivery_3D170**

Variable Label: 3D170. Did the \${deceased_name}'s bottom, feet, arm or hand come into the vagina before its head?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: **acknowledge_section7**

Variable Label: SECTION 7. CONDITION OF THE BABY SOON AFTER BIRTH

Data Type: acknowledge

Variable Name: **condition_3D180**

Variable Label: 3D180. Was the \${deceased_name} of abnormal size?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: **condition_3D190**

Variable Label: 3D190. Was the \${deceased_name} smaller than normal, weighing under 2.5kg?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: condition_3D200

Variable Label: 3D200. Was the \${deceased_name} larger than normal, weighing over 4.5kg?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: condition_3D220

Variable Label: 3D220. Was the umbilical cord wrapped several times (more than once) around the neck of the \${deceased_name} at birth?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: condition_3D230

Variable Label: 3D230. Did the \${deceased_name} have any noticeable malformation?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: condition_3D240

Variable Label: 3D240. Did the \${deceased_name} have a swelling/defect on the back?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: condition_3D250

Variable Label: 3D250. Did the \${deceased_name} have a very large head?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: condition_3D260

Variable Label: 3D260. Did the \${deceased_name} have a very small head?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: condition_3D280

Variable Label: 3D280. Was the \${deceased_name} blue in colour at birth?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: condition_3D300

Variable Label: 3D300. Did the \${deceased_name} breathe after birth, even a little?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: condition_3D310

Variable Label: 3D310. Was the \${deceased_name} given assistance to breath at birth?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: condition_3D290

Variable Label: 3D290. Did the \${deceased_name} ever cry after birth, even if only a little bit?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: condition_3D320

Variable Label: 3D320. If the \${deceased_name} did not cry or breathe, was it born dead?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes

Value	Label
2	No

Variable Name: condition_3D330

Variable Label: 3D330. Was the dead \${deceased_name} macerated, that is, showed signs of decay?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E100_check_section8

Variable Label: 139. 3E100. Did the \${deceased_name} suffer from any injury or accident that led to the \${deceased_name}'s death?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: acknowledge_section8

Variable Label: SECTION 8. HISTORY OF INJURIES/ACCIDENTS

Data Type: acknowledge

Variable Name: injury_3E110

Variable Label: 3E110. Did the \${deceased_name} suffer from a road traffic accident?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E120

Variable Label: 3E120. Was the \${deceased_name} injured as a pedestrian?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E130

Variable Label: 3E130. Was the \${deceased_name} injured as an occupant of a car vehicle?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E140

Variable Label: 3E140. Was the \${deceased_name} injured as an occupant of a bus/heavy transport vehicle?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E150

Variable Label: 3E150. Was the \${deceased_name} injured as a passenger of a motorcycle?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes

Value	Label
2	No

Variable Name: injury_3E170

Variable Label: 3E170. Do you know anything about the counter-part that was hit during the road accident?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E200

Variable Label: 3E200. Was it pedestrian?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E210

Variable Label: 3E210. Was it stationary object?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E220

Variable Label: 3E220. Was it a car vehicle?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E230

Variable Label: 3E230. Was it a bus or heavy transport vehicle?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E240

Variable Label: 3E240. Was it a motorcycle?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E250

Variable Label: 3E250. Was it a pedal cycle?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E260

Variable Label: 3E260. Was it something else?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E300

Variable Label: 3E300. Was the \${deceased_name} injured in a non-road transport accident?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E310

Variable Label: 3E310. Was the \${deceased_name} injured in a fall?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E320

Variable Label: 3E320. Did the \${deceased_name} pass away because of drowning?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury__3E330

Variable Label: 3E330. Did the \${deceased_name} suffer from burns?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury__3E340

Variable Label: 3E340. Did s(he) suffer from any plant/animal/insect bite or sting that led to her/his death?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury__3E400

Variable Label: 3E400. Was it a dog?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury__3E410

Variable Label: 3E410. Was it a snake?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E420

Variable Label: 3E420. Was it an insect?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E500

Variable Label: 3E500. Was the \${deceased_name} injured by a force of nature?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E510

Variable Label: 3E510. Was there any poisoning?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E520

Variable Label: 3E520. Was the \${deceased_name} subject to violence or assault?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes

Value	Label
2	No

Variable Name: injury_3E530

Variable Label: 3E530. Was the injury of accident intentionally inflicted by someone else?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E600

Variable Label: 3E600. Was the \${deceased_name} injured by a fire arm?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E610

Variable Label: 3E610. Was the \${deceased_name} injured by a stab, cut or pierce?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E620

Variable Label: 3E620. Was the \${deceased_name} injured by a machinery?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: injury_3E630

Variable Label: 3E630. Was the \${deceased_name} struck by animal or object?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: acknowledge_section9

Variable Label: SECTION 9. NEONATAL ILLNESS HISTORY

Data Type: acknowledge

Variable Name: neonatal_3A300

Variable Label: 3A300. For how long was the \${deceased_name} ill before he/she passed away?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Hours
2	Day

Variable Name: neonatal_3A300_hours

Variable Label: If hours, please specify

Data Type: integer

Variable Name: neonatal_3A300_days

Variable Label: If days, please specify

Data Type: integer

Variable Name: neonatal_3A310

Variable Label: 3A310. Did the \${deceased_name} pass away suddenly?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3D340

Variable Label: 3D340. Was the \${deceased_name} able to suckle or bottle feed within first 24 hours after birth?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3D350

Variable Label: 3D350. Did the \${deceased_name} stop suckling of bottle feeding 3 days after birth?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B460

Variable Label: 3B460. Did the \${deceased_name} have convulsions?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3D360

Variable Label: 3D360. Did the \${deceased_name} have convulsions starting within the first day of life?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3D370

Variable Label: 3D370. Did the \${deceased_name} have convulsions starting on the second day or later after birth?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3D380

Variable Label: 3D380. Did the \${deceased_name} body become stiff, with the back arched backwards?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3D390

Variable Label: 3D390. Did the \${deceased_name} have a bulging or raised fontanelle?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3D400

Variable Label: 3D400. Did the \${deceased_name} have a sunken fontanelle?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3D410

Variable Label: 3D410. Did the \${deceased_name} become unresponsive or unconscious soon after birth (within less than 24 hours)?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3D420

Variable Label: 3D420. Did the \${deceased_name} become unresponsive or unconscious more than 1 day after birth?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Value	Label
-------	-------

Variable Name: neonatal_3B100

Variable Label: 3B100. Did the \${deceased_name} have a fever?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3D430

Variable Label: 3D430. Did the \${deceased_name} become a cold to the touch before he/she passed away?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B130

Variable Label: 3B130. Did the \${deceased_name} have a cough?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B170

Variable Label: 3B170. Did the \${deceased_name} making whooping sound when coughing? DEMONSTRATE

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B180

Variable Label: 3B180. Did the \${deceased_name} have any breathing problem?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B190

Variable Label: 3B190. Did the \${deceased_name} have fast breathing?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B210

Variable Label: 3B210. Did the \${deceased_name} have breathlessness?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B250

Variable Label: 3B250. Did you see the lower chest wall/ribs being pulled in as the \${deceased_name} breathed?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B260

Variable Label: 3B260. Did the \${deceased_name} have noisy breathing (grunting or wheezing). DEMONSTRATE?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B280

Variable Label: 3B280. Did the \${deceased_name} have diarrhea?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B300

Variable Label: 3B300. At any time during the final illness was there blood in the stools?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Value	Label
-------	-------

Variable Name: neonatal_3B310

Variable Label: 3B310. Did the \${deceased_name} vomit?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B320

Variable Label: 3B320. Did the \${deceased_name} vomit "coffee grounds" or bright red/blood?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B360

Variable Label: 3B360. Did the \${deceased_name} have a more than usual protruding abdomen/stomach ?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3D440

Variable Label: 3D440. Did the \${deceased_name} have redness or discharge from the umbilical cord stump?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B530

Variable Label: 3B530. Did the \${deceased_name} have any skin problems?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B540

Variable Label: 3B540. Did the \${deceased_name} have any ulcers, abscess or sores anywhere except the feet?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B550

Variable Label: 3B550. Did the \${deceased_name} have any ulcers, abscess or sores on the feet?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B560

Variable Label: 3B560. Did the \${deceased_name} have any skin rash?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3B580

Variable Label: 3B580. Did the \${deceased_name} have measles rash?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3D450

Variable Label: 3D450. Did the \${deceased_name} have yellow palms or soles?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: neonatal_3D460

Variable Label: 3D460. Did the mother receive tetanus toxoid (TT) vaccine?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: acknowledge__section10

Variable Label: SECTION 10. TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS

Data Type: acknowledge

Variable Name: treatment__3G100

Variable Label: 3G100. Was the \${deceased__name} adequately vaccinated?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: treatment__3G110

Variable Label: 3G110. Did the \${deceased__name} receive any treatment for the illness that led to death?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: treatment__3G120

Variable Label: 3G120. Did the \${deceased__name} receive oral rehydration salts?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: treatment_3G130

Variable Label: 3G130. Did the \${deceased_name} receive (or needed) intravenous fluids (drip) treatment?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: treatment_3G140

Variable Label: 3G140. Did the \${deceased_name} receive (or needed) a blood transfusion?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: treatment_3G150

Variable Label: 3G150. Did the \${deceased_name} receive (or needed) treatment/food through a tube passed through the nose?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: treatment_3G160

Variable Label: 3G160. Did the \${deceased_name} receive (or needed) injectable (through IV or IM) antibiotics?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Value	Label
-------	-------

Variable Name: treatment_3G170

Variable Label: 3G170. Did the \${deceased_name} have (or needed) an operation for the illness?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: treatment_3G190

Variable Label: 3G190. Was the \${deceased_name} discharged from the hospital very ill?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: acknowledge_section11

Variable Label: SECTION 11. BACKGROUND

Data Type: acknowledge

Variable Name: background_4A100

Variable Label: 4A100. In the final days before death, did the \${deceased_name} travel to a hospital or health facility?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: background_4A110

Variable Label: 4A110. Did the $\{\text{deceased_name}\}$ use motorised transport to get to the hospital or health facility?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: background_4A120

Variable Label: 4A120. Were there any problems during admission to the hospital or health facility?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: background_4A130

Variable Label: 4A130. Were there any problems with the way the $\{\text{deceased_name}\}$ was treated (medical treatment, procedures, inter-personal attitudes, respect, dignity) in the hospital or health facility?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: background_4A140

Variable Label: 4A140. Were there any problems getting medications or diagnostic tests in the hospital or health facility?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: background_4A150

Variable Label: 4A150. Does it take more than 2 hours to get to the nearest hospital or health facility from the \${deceased_name}'s household?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: background_4A160

Variable Label: 4A160. In the final days before death, were there any doubts whether medical care was needed?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: background_4A170

Variable Label: 4A170. In the final days before death, was traditional medicine used?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: background_4A180

Variable Label: 4A180. In the final days before death, did anyone use a telephone or cell phone to call for help?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: background_4A190

Variable Label: 4A190. Over the course of illness, did the total costs of care and treatment prohibit other household payments like utilities or household expenses?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes
2	No

Variable Name: acknowledge_observation

Variable Label: Observation

Data Type: acknowledge

Variable Name: interview_language

Variable Label: What was the main language in which the interview was conducted?

Data Type: factor (select one)

Value	Label
1	Bahasa Malaysia
2	Chinese
3	Tamil
4	English
5	Other

Variable Name: knowing_deceased

Variable Label: Do you, the data collector, know if the person who passed away was a SEACO participant?

Data Type: factor (select one)

Value	Label
1	Definitely, yes
2	Probably, yes
3	Do not know
4	Probably, no
5	Definitely, no

Variable Name: ID_Recorder

Variable Label: Enter the ID Recorder used in this interview?

Data Type: string

Variable Name: recorder_file

Variable Label: Enter the name of file recorder you saved in recorder for this interview

Data Type: string

Variable Name: interview_language_other

Variable Label: If other, please specify.

Data Type: string

Variable Name: category

Variable Label: Category of field note:

Data Type: factor (select multiple)

Value	Label
-9	None
-8	Others
1	Health and medicine
2	Household information
3	No respond/feedback
4	Technical
5	Respondent's feedback
6	Academic achievement

Value	Label
7	Communication
9	Respondent's complaint

Variable Name: categoryReason1

Variable Label: Health and medicine

Data Type: factor (select multiple)

Value	Label
-8	Others
1	Responden/ isi rumah menghadapi masalah kesihatan/ uzur.
2	Responden/ isi rumah merupakan OKU (pekak/ bisu/ kabur penglihatan/ buta/ mental/ lumpuh/ masalah pembelajaran/ masalah pendengaran/ syndrom down).
3	Sawan

Variable Name: categoryReason2

Variable Label: Household information

Data Type: factor (select multiple)

Value	Label
-8	Others
1	Nombor IC/ tarikh lahir isi rumah tidak lengkap.
2	Kad pengenalan (IC/ MyKid) tidak bersama ketua rumah/ bersama wakil isi rumah lain (ibu/ bapa) yang simpan.
3	Responden lelaki tetapi hujung nombor IC bernombor genap/ perempuan tetapi hujung nombor IC bernombor ganjil.
4	Lupa nombor ic/ mykid isi rumah.

Variable Name: categoryReason3

Variable Label: No respond/feedback

Data Type: factor (select multiple)

Value	Label
-8	Others
1	Rumah dalam pembinaan/ pengubahsuaian/ roboh/ usang.
2	Rumah adalah homestay/ rumah tumpangan/ rumah kebajikan/ tempat sembahyang/ pejabat/ rumah burung/ stor/ lain-lain fungsi rumah.
3	Kediaman tidak berpenghuni.
4	Pintu terbuka/ tingkap/ TV terbuka tetapi tiada penghuni yang keluar.
5	Ibu bapa/ penjaga tiada di rumah.
6	Responden pulang ke rumah sebulan sekali.
7	Responden cuti/ kerja/ berada di rumah tidak menentu/ jarang/ susah nak berjumpa.
8	Responden telah berpindah.
9	Responden hanya ada di rumah waktu malam.

Variable Name: categoryReason4

Variable Label: Technical

Data Type: factor (select multiple)

Value	Label
-8	Others
1	IC Scanner tidak berfungsi.
2	Barkod gagal di scan kerana koyak/ terlindung dengan contengan/ cat/ pudar/ terlalu tinggi/ hilang/ tidak dapat.

Variable Name: categoryReason5

Variable Label: Respondent's feedback

Data Type: factor (select multiple)

Value	Label
-8	Others
1	Responden memberikan kerjasama dengan baik.
2	Responden sibuk dan tiada masa.
3	Responden tidak berminat untuk sertai.
4	Anak/ ibu bapa/ suami/ penjaga tidak memberi kebenaran.
5	Responden menjawab soalan dengan cepat/ sambil lewa (nak atau tak nak).

Value	Label
6	Responden enggan berkongsi maklumat gaji.
7	Ragu-ragu untuk memberikan nombor ic.
8	Tidak menetap di rumah (hanya tempoh waktu tertentu sahaja akan ada di rumah).
9	Responden tinggal seorang di rumah.
10	Responden (polis) beritahu surat kebenaran tidak valid.
11	Responden tidak selesa berkongsi tentang kerohanian/keagamaan.
12	Kurang percaya kerana ada kes orang memakai vest datang ke rumah untuk check gas/ buat perkara mencurigakan.

Variable Name: categoryReason6

Variable Label: Academic achievement

Data Type: factor (select multiple)

Value	Label
-8	Others
2	Responden bersekolah di sekolah persendirian.
3	Responden bersekolah di sekolah luar Malaysia (cth Indonesia, Myanmar, Vietnam, Singapura) tahap pencapaian pendidikan sekolah.

Variable Name: categoryReason7

Variable Label: Communication

Data Type: factor (select multiple)

Value	Label
-8	Others
1	Responden tidak/ kurang faham/ fasih Bahasa Melayu.
2	Responden terlalu berusia/ tidak bersekolah dan tidak faham soalan.

Variable Name: categoryReason9

Variable Label: Respondent's complaint

Data Type: factor (select multiple)

Value	Label
-8	Others
1	Responden marah dan minta untuk jangan datang lagi.
2	Soalan terlalu banyak dan mengambil masa yang lama.
3	SEACO selalu datang.
4	Meghalau DC.
5	Tiada apa-apa manfaat rshonden itu sendiri dapat.

Variable Name: categoryReasonOther1

Variable Label: Health and medicine

Data Type: string

Variable Name: categoryReasonOther2

Variable Label: Household information

Data Type: string

Variable Name: categoryReasonOther3

Variable Label: No respond/feedback

Data Type: string

Variable Name: categoryReasonOther4

Variable Label: Technical

Data Type: string

Variable Name: categoryReasonOther5

Variable Label: Respondent's feedback

Data Type: string

Variable Name: categoryReasonOther6

Variable Label: Academic achievement

Data Type: string

Variable Name: categoryReasonOther7

Variable Label: Communication

Data Type: string

Variable Name: categoryReasonOther9

Variable Label: Respondent's complaint

Data Type: string

Variable Name: field_notes

Variable Label: Field notes

Data Type: string

Variable Name: address_summaryKey

Variable Label: Please enter the address of the \${deceased_name}.

Data Type: string

Variable Name: checkAddreSummary

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: trigger_5

Variable Label: The data collector is advised to write some notes or comments in the field note based on the observation during the interview session with the respondent

Data Type: acknowledge

Variable Name: agree_update

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: deceased_nameUpdated

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: trigger_6

Variable Label: Verbal Autopsy questions completed. *Save the form* and close

Data Type: acknowledge