

2012 WHO VERBAL AUTOPSY - Death of a Child Aged 4 Weeks to 14 Years Questionnaire

Seaco, Monash

29 June, 2021

Form ID: VA_4W14Y Form Version: 2106291657

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: caseid

Variable Label: NULL

Data Type: caseid

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_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: 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?

\${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's 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?

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
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)

Value	Label
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: acknowledge

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 category of reject?

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 $\{responent_name\}$ 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 \${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
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 in the period leading up to \${deceased_name} death?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased_1A110

Variable Label: 1A110. What is \${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: Residents_age

Variable Label: NULL

Data Type: unknown (calculate)

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 \${deceased_name} pass away?

Data Type: date

Variable Name: deceased_1A240

Variable Label: 1A240. How old was \${deceased_name} when passed away? Estimated age is: \${Residents_age}

Data Type: integer

Variable Name: deceased_1A250

Variable Label: 1A250. IF AGE IS LESS THAN 1 YEAR RECORD IN MONTHS

Data Type: integer

Variable Name: deceased_1A400

Variable Label: 1A400. Was \${deceased_name} who passed away more than 42 days but less than 1 year after being pregnant or delivering a baby?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased_1A500

Variable Label: 1A500. What was \${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 \${deceased_name}.

Data Type: string

Variable Name: deceased_1A510

Variable Label: 1A510. What was \${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 \${deceased_name}.

Data Type: string

Variable Name: deceased_1A520

Variable Label: 1A520. What was \${deceased_name} 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 \${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 \${deceased_name}'s home in Segamat District?

Data Type: factor (select one)

Value	Label
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
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 \${deceased__name}'s death?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Hospital

Value	Label
2	Other Health Facility
3	\${deceased_name}'s home
4	A relative or friend's home
5	Other

Variable Name: deceased_1A560_other

Variable Label: If 'other' site of death, please specify

Data Type: string

Variable Name: deceased_1A600

Variable Label: 1A600. What was the marital status of \${deceased_name}?

Data Type: factor (select one)

Value	Label
1	Single
2	Married
3	Separated / Living Apart (Not Divorced)
4	Divorced
5	Widow / Widower
6	Don't Know
7	Refused to answer

Variable Name: deceased_1A600_1

Variable Label: Do you know the date of marriage of the \${deceased_name}?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased_1A610

Variable Label: 1A610. What was the date of marriage?

Data Type: date

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: deceased__1A650

Variable Label: 1A650. Was \${deceased_name} able to read and write?

Data Type: factor (select one)

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

Variable Name: deceased_1A640

Variable Label: 1A640. What was the schooling history of \${deceased_name}?

Data Type: factor (select one)

Value	Label
-9	Refused to answer
-8	Do not know
1	Never attended school
2	Attended but did not finish Primary School
3	Finished Primary School
4	Started High School
5	Finished Form 3
6	Finished Form 5
7	Finished Form 6
8	Started College (Diploma)
9	Finished College (Diploma)
10	Started University (Degree)
11	Finished University (Degree)
12	Other

Variable Name: deceased_1A640__other

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

Data Type: string

Variable Name: deceased_1A660

Variable Label: 1A660. What was the employment status of \${deceased_name} at the time of death?

Data Type: factor (select one)

Value	Label
-9	Refused to answer
-8	Don't Know
1	Too young to work
2	Student
3	Housewife / Househusband
4	Not Working
5	Casual Jobs
6	Working Part-time
7	Working Full-Time
10	Pensioners/Pensions
11	Self Employed

Variable Name: deceased_1A670

Variable Label: 1A670. What was the occupation of \${deceased_name} at the time of death?

Data Type: string

Variable Name: register_death

Variable Label: Was the death of \${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_1_A

Variable Label: 1A720_1_A. If other please specify:

Data Type: string

Variable Name: reg_cert_1A720_2

Variable Label: 1A720_2. Registration Centre

Data Type: string

Variable Name: reg_cert_1A720_3

Variable Label: 1A720_3. Photo of the Death Certificate

Data Type: image

Variable Name: reg_cert_id_type

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

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Birth Certificate
2	MyKAD
3	MyKID
4	MyPolis

Value	Label
5	MyTentera
6	MyPR
7	Passport
8	Other

Variable Name: reg_cert_id_type_other

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

Data Type: string

Variable Name: reg_cert_nric1

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

Data Type: string

Variable Name: reg_cert_nric2

Variable Label: Re-enter $\{\text{deceased_name}\}$'s NRIC (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 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__0

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

Data Type: audio

Variable Name: deathcause__1

Variable Label: CAUSE OF DEATH 1 ACCORDING TO RESPONDENT

Data Type: string

Variable Name: deathcause__2

Variable Label: CAUSE OF DEATH 2 ACCORDING TO RESPONDENT

Data Type: string

Variable Name: acknowledge_section5

Variable Label: SECTION 5. CONTEXT AND HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS

Data Type: acknowledge

Variable Name: section__5

Variable Label: I would like to ask you some questions concerning the context and previously known medical conditions the $\{\text{deceased_name}\}$ had; injuries and accidents that the $\{\text{deceased_name}\}$ suffered; and signs and symptoms that the $\{\text{deceased_name}\}$ had/showed when s/he was ill. Some of these questions may not appear to be directly related to his/her death.

Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that $\{\text{deceased_name}\}$ had.

Data Type: acknowledge

Variable Name: **medical_3A100**

Variable Label: 3A100. Was there any diagnosis by a qualified health care practitioner of Tuberculosis?

Data Type: factor (select one)

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

Variable Name: **medical_3A110**

Variable Label: 3A110. Was there any diagnosis by a qualified health care practitioner of HIV AIDS?

Data Type: factor (select one)

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

Variable Name: **medical_3A120**

Variable Label: 3A120. Was there a recent diagnosis by a qualified health care practitioner of Dengue?

Data Type: factor (select one)

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

Variable Name: **medical_3A140**

Variable Label: 3A140. Was there any diagnosis by a qualified health care practitioner of Measles?

Data Type: factor (select one)

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

Variable Name: medical_3A150

Variable Label: 3A150. Was there any diagnosis by a qualified health care practitioner of High Blood Pressure

Data Type: factor (select one)

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

Variable Name: medical_3A160

Variable Label: 3A160. Was there any diagnosis by a qualified health care practitioner of Heart Disease?

Data Type: factor (select one)

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

Variable Name: medical_3A170

Variable Label: 3A170. Was there any diagnosis by a qualified health care practitioner of Diabetes?

Data Type: factor (select one)

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

Variable Name: medical_3A180

Variable Label: 3A180. Was there any diagnosis by a qualified health care practitioner of Asthma?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes

Value	Label
2	No

Variable Name: medical_3A190

Variable Label: 3A190. Was there any diagnosis by a qualified health care practitioner of Epilepsy?

Data Type: factor (select one)

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

Variable Name: medical_3A200

Variable Label: 3A200. Was there any diagnosis by a qualified health care practitioner of Cancer?

Data Type: factor (select one)

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

Variable Name: medical_3A210

Variable Label: 3A210. Was there any diagnosis by a qualified health care practitioner of Chronic Obstructive Pulmonary Disease (COPD)?

Data Type: factor (select one)

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

Variable Name: medical_3A220

Variable Label: 3A220. Was there any diagnosis by a qualified health care practitioner of Dementia?

Data Type: factor (select one)

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

Variable Name: medical_3A230

Variable Label: 3A230. Was there any diagnosis by a qualified health care practitioner of Depression?

Data Type: factor (select one)

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

Variable Name: medical_3A240

Variable Label: 3A240. Was there any diagnosis by a qualified health care practitioner of Stroke?

Data Type: factor (select one)

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

Variable Name: medical_3A250

Variable Label: 3A250. Was there any diagnosis by a qualified health care practitioner of Sickle Cell disease?

Data Type: factor (select one)

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

Variable Name: **medical_3A260**

Variable Label: 3A260. Was there any diagnosis by a qualified health care practitioner of Kidney disease?

Data Type: factor (select one)

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

Variable Name: **medical_3A270**

Variable Label: 3A270. Was there any diagnosis by a qualified health care practitioner of Liver disease?

Data Type: factor (select one)

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

Variable Name: **medical_3A300**

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

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Weeks
3	Month
4	Year

Variable Name: **medical_3A300_day**

Variable Label: If time is in days, please specify in how many days?

Data Type: integer

Variable Name: medical_3A300_week

Variable Label: If time is in weeks, please specify in how many weeks?

Data Type: integer

Variable Name: medical_3A300_month

Variable Label: If time is in month, please specify in how many months?

Data Type: integer

Variable Name: medical_3A300_year

Variable Label: If time is in year, please specify in how many years?

Data Type: integer

Variable Name: injury_3E100_check_section6

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

Data Type: factor (select one)

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

Variable Name: acknowledge_section6

Variable Label: SECTION 6. HISTORY OF INJURIES/ACCIDENTS

Data Type: acknowledge

Variable Name: injury_3E110

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

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes

Value	Label
2	No

Variable Name: injury_3E120

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

Data Type: factor (select one)

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

Variable Name: injury_3E130

Variable Label: 3E130. Was \${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 \${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 \${deceased_name} injured as a driver or passenger of a motorcycle?

Data Type: factor (select one)

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

Variable Name: injury_3E160

Variable Label: 3E160. Was \${deceased_name} injured as a pedal cyclist?

Data Type: factor (select one)

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

Variable Name: injury_3E170

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

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: injury_3E200

Variable Label: 3E200. Was it a 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 a 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 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: E300. Was $\{\text{deceased_name}\}$ 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 $\{\text{deceased_name}\}$ injured in fall

Data Type: factor (select one)

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

Variable Name: injury_3E320

Variable Label: 3E320. Did \${deceased_name} pass away 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 \${deceased_name} suffer from bums?

Data Type: factor (select one)

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

Variable Name: injury_3E340

Variable Label: 3E340. Did \${deceased_name} suffer from any plant/animal/insect bite or sting that led to \${deceased_name} 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

Value	Label
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 $\{\text{deceased_name}\}$ injured by 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 \${deceased_name} subject to violence or assault?

Data Type: factor (select one)

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

Variable Name: injury_3E530

Variable Label: 3E530. Was the injury or 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 \${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 \${deceased_name} injured from 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 \${deceased_name} injured by machinery?

Data Type: factor (select one)

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

Variable Name: injury_3E630

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

Data Type: factor (select one)

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

Variable Name: injury_3E700

Variable Label: 3E700. Do you think that \${deceased_name} committed suicide?

Data Type: factor (select one)

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

Variable Name: acknowledge_section7

Variable Label: SECTION 7. SYMPTOMS AND SIGNS NOTED DURING THE FINAL ILLNESS OF INFANTS

Data Type: acknowledge

Variable Name: symptom_3D190

Variable Label: 3D190. Was the baby born similar than normal, weighing under 2.5kg?

Data Type: factor (select one)

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

Variable Name: symptom_3D210

Variable Label: 3D210. How many weeks was the pregnancy when the baby was born?

Data Type: string

Variable Name: symptom_3D390

Variable Label: 3D390. Did the baby have bulging of the fontanelle?

Data Type: factor (select one)

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

Variable Name: symptom_3D400

Variable Label: 3D400. Did the baby have a sunken fontanelle?

Data Type: factor (select one)

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

Variable Name: acknowledge__section8

Variable Label: SECTION 8. SYMPTOMS NOTED DURING THE FINAL ILLNESS FOR ALL CHILDREN

Data Type: acknowledge

Variable Name: symptom__3D220

Variable Label: 3D220. Did the child have any noticeable malformation?

Data Type: factor (select one)

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

Variable Name: symptom__3D240

Variable Label: 3D240. Did the child have a swelling or defect on the back?

Data Type: factor (select one)

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

Variable Name: symptom__3D250

Variable Label: 3D250. Did the child have a very large head?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes

Value	Label
2	No

Variable Name: symptom_3D260

Variable Label: 3D260. Did the child have a very small head?

Data Type: factor (select one)

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

Variable Name: symptom_3B100

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

Data Type: factor (select one)

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

Variable Name: symptom_3B110

Variable Label: 3B110. For how long did $\{\text{deceased_name}\}$ has a fever?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Week
3	Month
4	Year

Variable Name: symptom_3B110_day

Variable Label: If time is in days, please specify in how many days?

Data Type: integer

Variable Name: symptom_3B110_week

Variable Label: If time is in weeks, please specify in how many weeks?

Data Type: integer

Variable Name: symptom_3B110_month

Variable Label: If time is in month, please specify in how many months?

Data Type: integer

Variable Name: symptom_3B110_year

Variable Label: If time is in year, please specify in how many years?

Data Type: integer

Variable Name: symptom_3B120

Variable Label: 3B120. Did $\{\text{deceased_name}\}$ have night sweats?

Data Type: factor (select one)

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

Variable Name: symptom_3B130

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

Data Type: factor (select one)

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

Variable Name: symptom_3B140

Variable Label: 160. 3B140. For how long did \${deceased_name} have a cough?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Week
3	Month
4	Year

Variable Name: symptom_3B140_day

Variable Label: If time is in days, please specify in how many days?

Data Type: integer

Variable Name: symptom_3B140_week

Variable Label: If time is in weeks, please specify in how many weeks?

Data Type: integer

Variable Name: symptom_3B140_month

Variable Label: If time is in month, please specify in how many months?

Data Type: integer

Variable Name: symptom_3B140_year

Variable Label: If time is in year, please specify in how many years?

Data Type: integer

Variable Name: symptom_3B170

Variable Label: 3B170. Did s/he make a whooping sound when coughing?

Data Type: factor (select one)

Value	Label
-8	Don't know

Value	Label
1	Yes
2	No

Variable Name: symptom_3B150

Variable Label: 3B150. Was the cough productive with sputum?

Data Type: factor (select one)

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

Variable Name: symptom_3B160

Variable Label: 3B160. Did $\{\text{deceased_name}\}$ cough out blood?

Data Type: factor (select one)

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

Variable Name: symptom_3B180

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

Data Type: factor (select one)

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

Variable Name: symptom_3B190

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

Data Type: factor (select one)

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

Variable Name: symptom_3B200

Variable Label: 3B200. For how long did \${deceased_name} have fast breathing?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Week
3	Month
4	Year

Variable Name: symptom_3B200_day

Variable Label: If time is in days, please specify in how many days?

Data Type: integer

Variable Name: symptom_3B200_week

Variable Label: If time is in weeks, please specify in how many weeks?

Data Type: integer

Variable Name: symptom_3B200_month

Variable Label: If time is in month, please specify in how many months?

Data Type: integer

Variable Name: symptom_3B200_year

Variable Label: If time is in year, please specify in how many years?

Data Type: integer

Variable Name: symptom_3B210

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

Data Type: factor (select one)

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

Variable Name: symptom_3B220

Variable Label: 3B220. For how long did \${deceased_name} have breathlessness?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Week
3	Month
4	Year

Variable Name: symptom_3B220_day

Variable Label: If time is in days, please specify in how many days?

Data Type: integer

Variable Name: symptom_3B220_week

Variable Label: If time is in weeks, please specify in how many weeks?

Data Type: integer

Variable Name: symptom_3B220_month

Variable Label: If time is in month, please specify in how many months?

Data Type: integer

Variable Name: symptom_3B220_year

Variable Label: If time is in year, please specify in how many years?

Data Type: integer

Variable Name: symptom_3B230

Variable Label: 169. 3B230. Was \${deceased_name} unable to carry out daily routine activities due to breathlessness?

Data Type: factor (select one)

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

Variable Name: symptom_3B240

Variable Label: 3B240. Was \${deceased_name} breathless while lying flat?

Data Type: factor (select one)

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

Variable Name: symptom_3B250

Variable Label: 3B250. Did you see the lower chest wall/ribs be pulled in as the child breathed?

Data Type: factor (select one)

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

Variable Name: symptom_3B260

Variable Label: 3B260. Did \${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: symptom_3B270

Variable Label: 3B270. Did \${deceased_name} have severe chest pain?

Data Type: factor (select one)

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

Variable Name: symptom_3B280

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

Data Type: factor (select one)

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

Variable Name: symptom_3B290

Variable Label: 3B290. For how long did \${deceased_name} have diarrhea?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Week
3	Month
4	Year

Variable Name: symptom_3B290_day

Variable Label: If time is in days, please specify in how many days?

Data Type: integer

Variable Name: symptom_3B290_week

Variable Label: If time is in weeks, please specify in how many weeks?

Data Type: integer

Variable Name: symptom_3B290_month

Variable Label: If time is in month, please specify in how many months?

Data Type: integer

Variable Name: symptom_3B290_year

Variable Label: If time is in year, please specify in how many years?

Data Type: integer

Variable Name: symptom_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

Variable Name: symptom_3B310

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

Data Type: factor (select one)

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

Variable Name: symptom_3B320

Variable Label: 3B320. Did \${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: symptom_3B330

Variable Label: 3B330. Did \${deceased_name} have abdominal/stomach problem?

Data Type: factor (select one)

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

Variable Name: symptom_3B340

Variable Label: 3B340. Did \${deceased_name} have abdominal/stomach pain?

Data Type: factor (select one)

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

Variable Name: symptom_3B350

Variable Label: 3B350. For how long before death did \${deceased_name} have severe abdominal/stomach pain?

Data Type: factor (select one)

Value	Label
-8	Don't Know

Value	Label
1	Days
2	Week
3	Month
4	Year

Variable Name: symptom_3B350_day

Variable Label: If time is in days, please specify in how many days?

Data Type: integer

Variable Name: symptom_3B350_week

Variable Label: If time is in weeks, please specify in how many weeks?

Data Type: integer

Variable Name: symptom_3B350_month

Variable Label: If time is in month, please specify in how many months?

Data Type: integer

Variable Name: symptom_3B350_year

Variable Label: If time is in year, please specify in how many years?

Data Type: integer

Variable Name: symptom_3B360

Variable Label: 3B360. Did $\{\text{deceased_name}\}$ 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: symptom_3B370

Variable Label: 3B370. For how long did \${deceased_name} have a more than usual protruding abdomen/stomach ?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Week
3	Month
4	Year

Variable Name: symptom_3B370_day

Variable Label: If time is in days, please specify in how many days?

Data Type: integer

Variable Name: symptom_3B370_week

Variable Label: If time is in weeks, please specify in how many weeks?

Data Type: integer

Variable Name: symptom_3B370_month

Variable Label: If time is in month, please specify in how many months?

Data Type: integer

Variable Name: symptom_3B370_year

Variable Label: If time is in year, please specify in how many years?

Data Type: integer

Variable Name: symptom_3B380

Variable Label: 3B380. Did \${deceased_name} have any lump inside the abdomen/stomach ?

Data Type: factor (select one)

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

Variable Name: symptom_3B390

Variable Label: 3B390. For how long did \${deceased_name} have the lump inside the abdomen/stomach ?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Week
3	Month
4	Year

Variable Name: symptom_3B390_day

Variable Label: If time is in days, please specify in how many days?

Data Type: integer

Variable Name: symptom_3B390_week

Variable Label: If time is in weeks, please specify in how many weeks?

Data Type: integer

Variable Name: symptom_3B390_month

Variable Label: If time is in month, please specify in how many months?

Data Type: integer

Variable Name: symptom_3B390_year

Variable Label: If time is in year, please specify in how many years?

Data Type: integer

Variable Name: symptom_3B400

Variable Label: 3B400. Did \${deceased_name} have a severe headache?

Data Type: factor (select one)

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

Variable Name: symptom_3B405

Variable Label: 3B405. Did \${deceased_name} have a stiff or painful neck?

Data Type: factor (select one)

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

Variable Name: symptom_3B410

Variable Label: 3B410. For how long did \${deceased_name} have a stiff or painful neck?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Week
3	Month
4	Year

Variable Name: symptom_3B410_day

Variable Label: If time is in days, please specify in how many days?

Data Type: integer

Variable Name: symptom_3B410_week

Variable Label: If time is in weeks, please specify in how many weeks?

Data Type: integer

Variable Name: symptom_3B410_month

Variable Label: If time is in month, please specify in how many months?

Data Type: integer

Variable Name: symptom_3B410_year

Variable Label: If time is in year, please specify in how many years?

Data Type: integer

Variable Name: symptom_3B420

Variable Label: 3B420. Did $\{\text{deceased_name}\}$ have mental confusion?

Data Type: factor (select one)

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

Variable Name: symptom_3B430

Variable Label: 3B430. For how long did $\{\text{deceased_name}\}$ have mental confusion?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Week
3	Month
4	Year

Variable Name: symptom_3B430_day

Variable Label: If time is in days, please specify in how many days?

Data Type: integer

Variable Name: symptom_3B430_week

Variable Label: If time is in weeks, please specify in how many weeks?

Data Type: integer

Variable Name: symptom_3B430_month

Variable Label: If time is in month, please specify in how many months?

Data Type: integer

Variable Name: symptom_3B430_year

Variable Label: If time is in year, please specify in how many years?

Data Type: integer

Variable Name: symptom_3B440

Variable Label: 3B440. Was \${deceased_name} unconscious for more than 24 hours?

Data Type: factor (select one)

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

Variable Name: symptom_3B450

Variable Label: 3B450. Did the unconscious start suddenly, quickly (at least within a single day)?

Data Type: factor (select one)

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

Variable Name: symptom_3B460

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

Data Type: factor (select one)

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

Variable Name: symptom_3B470

Variable Label: 3B470. For how long did \${deceased_name} convulsions? (Minutes)

Data Type: integer

Variable Name: symptom_3B480

Variable Label: 3B480. Did \${deceased_name} became unconscious immediately after the convulsion?

Data Type: factor (select one)

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

Variable Name: symptom_3B490

Variable Label: 3B490. Did \${deceased_name} have any urine problem?

Data Type: factor (select one)

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

Variable Name: symptom_3B500

Variable Label: 3B500. Did \${deceased_name} pass no urine at all?

Data Type: factor (select one)

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

Variable Name: symptom_3B510

Variable Label: 3B510. Did \${deceased_name} go to urinate more than usual?

Data Type: factor (select one)

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

Variable Name: symptom_3B520

Variable Label: 3B520. During the final illness did \${deceased_name} ever pass blood in the urine?

Data Type: factor (select one)

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

Variable Name: symptom_3B530

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

Data Type: factor (select one)

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

Variable Name: symptom_3B540

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

Data Type: factor (select one)

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

Variable Name: symptom_3B550

Variable Label: 3B550. Did \${deceased_name} have any ulcers, abscess or sores on the feet that were not also on other parts of the body?

Data Type: factor (select one)

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

Variable Name: symptom_3B560

Variable Label: 3B560. During the illness that led to death, did \${deceased_name} have any skin rash?

Data Type: factor (select one)

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

Variable Name: symptom_3B570

Variable Label: 3B570. For how long did \${deceased_name} have the skin rash

Data Type: factor (select one)

Value	Label
-8	Don't Know

Value	Label
1	Days
2	Week
3	Month
4	Year

Variable Name: symptom_3B570_day

Variable Label: If time is in days, please specify in how many days?

Data Type: integer

Variable Name: symptom_3B570_week

Variable Label: If time is in weeks, please specify in how many weeks?

Data Type: integer

Variable Name: symptom_3B570_month

Variable Label: If time is in month, please specify in how many months?

Data Type: integer

Variable Name: symptom_3B570_year

Variable Label: If time is in year, please specify in how many years?

Data Type: integer

Variable Name: symptom_3B580

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

Data Type: factor (select one)

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

Variable Name: symptom_3B590

Variable Label: 3B590. Did $\{\text{deceased_name}\}$ ever have shingles/herpes zoster

Data Type: factor (select one)

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

Variable Name: symptom_3B600

Variable Label: 3B600. Did $\{\text{deceased_name}\}$ have bleeding from the nose, mouth, or anus?

Data Type: factor (select one)

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

Variable Name: symptom_3B610

Variable Label: 3B610. Did $\{\text{deceased_name}\}$ have noticeable weight loss?

Data Type: factor (select one)

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

Variable Name: symptom_3B620

Variable Label: 3B620. Was $\{\text{deceased_name}\}$ severely thin or wasted?

Data Type: factor (select one)

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

Variable Name: symptom_3B630

Variable Label: 3B630. Did \${deceased_name} have mouth sores or white patches in the mouth or in the tongue?

Data Type: factor (select one)

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

Variable Name: symptom_3B640

Variable Label: 3B640. Did \${deceased_name} have stiffness of the whole body or was unable to open the mouth?

Data Type: factor (select one)

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

Variable Name: symptom_3B650

Variable Label: 3B650. Did \${deceased_name} have swelling (puffiness) of the face?

Data Type: factor (select one)

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

Variable Name: symptom_3B660

Variable Label: 3B660. Did \${deceased_name} have both feet swollen?

Data Type: factor (select one)

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

Variable Name: symptom_3B670

Variable Label: 3B670. Did \${deceased_name} have any lumps

Data Type: factor (select one)

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

Variable Name: symptom_3B680

Variable Label: 3B680. Did \${deceased_name} have a lumps or lesions in the mouth?

Data Type: factor (select one)

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

Variable Name: symptom_3B690

Variable Label: 3B690. Did \${deceased_name} have any lumps on the neck?

Data Type: factor (select one)

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

Variable Name: symptom_3B700

Variable Label: 3B700. Did \${deceased_name} have any lumps on the armpit

Data Type: factor (select one)

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

Variable Name: symptom_3B710

Variable Label: 3B710. Did \${deceased_name} have any lumps on the groin

Data Type: factor (select one)

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

Variable Name: symptom_3B730

Variable Label: 3B730. Did \${deceased_name} have paralysis of one side of the body?

Data Type: factor (select one)

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

Variable Name: symptom_3B740

Variable Label: 3B740. Did \${deceased_name} have difficulty or pain while swallowing liquids?

Data Type: factor (select one)

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

Variable Name: symptom_3B750

Variable Label: 3B750. Did \${deceased_name} yellow discoloration of the eyes

Data Type: factor (select one)

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

Variable Name: symptom_3B760

Variable Label: 3B760. Did \${deceased_name} his hair colour change to reddish or yellowish

Data Type: factor (select one)

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

Variable Name: symptom_3B770

Variable Label: 3B770. Did \${deceased_name} look pale (thinning/lack of blood) or have pale palms eyes or nail beds?

Data Type: factor (select one)

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

Variable Name: symptom_3B780

Variable Label: 3B780. Did \${deceased_name} have sunken eyes?

Data Type: factor (select one)

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

Variable Name: symptom_3D270

Variable Label: 3D270. Was the \${deceased_name} not growing normally?

Data Type: factor (select one)

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

Variable Name: symptom_3B790

Variable Label: 3B790. Did \${deceased_name} drink a lot more water than usual?

Data Type: factor (select one)

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

Variable Name: acknowledge_section9_pre

Variable Label: PREGNANCY

Data Type: acknowledge

Variable Name: sign_3C110

Variable Label: 3C110. Was \${deceased_name} pregnant at the time of her death?

Data Type: factor (select one)

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

Variable Name: sign_3C110_a

Variable Label: 3C120. Had \${deceased_name} been pregnant in the 6 weeks prior to her death?

Data Type: factor (select one)

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

Variable Name: acknowledge_section9

Variable Label: SECTION 9. SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY

Data Type: acknowledge

Variable Name: sign_3C130

Variable Label: 3C130. For how many months had \${deceased_name} been pregnant?

Data Type: integer

Variable Name: sign_3C120_a

Variable Label: 3C120a. Did \${deceased_name} have a miscarriage in the 6 weeks prior to her death?

Data Type: factor (select one)

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

Variable Name: sign_3C120_b

Variable Label: 3C120b. Did \${deceased_name} have an abortion in the 6 weeks prior to her death?

Data Type: factor (select one)

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

Variable Name: sign_3C120_c

Variable Label: 3C120c. Did \${deceased_name} give birth in the 6 weeks prior to her death?

Data Type: factor (select one)

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

Variable Name: sign_check

Variable Label: \${respondent_name} said that \${deceased_name} was not pregnant at the time of her death, but had been pregnant in the 6 weeks before, and hadn't had an abortion, miscarriage or birth ? GO BACK AND CHECK

Data Type: acknowledge

Variable Name: sign_3C300

Variable Label: 3C300. Did \${deceased_name} give birth to a live, healthy baby within 6 weeks of death?

Data Type: factor (select one)

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

Variable Name: sign_3C210

Variable Label: 3C210. Did \${deceased_name} pass away during labour, but undelivered?

Data Type: factor (select one)

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

Variable Name: sign_3C200

Variable Label: 3C200. Did $\{\text{deceased_name}\}$ pass away within 24 hours after a miscarriage, an abortion, or a birth?

Data Type: factor (select one)

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

Variable Name: sign_3C260

Variable Label: 3C260. During the pregnancy, did $\{\text{deceased_name}\}$ suffer from high blood pressure?

Data Type: factor (select one)

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

Variable Name: sign_3C270

Variable Label: 3C270. During the pregnancy (or after delivery), did $\{\text{deceased_name}\}$ have foul smelling vaginal discharge?

Data Type: factor (select one)

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

Variable Name: sign_3C280

Variable Label: 3C280. During the last 3 months of pregnancy, did $\{\text{deceased_name}\}$ suffer from convulsions?

Data Type: factor (select one)

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

Value	Label
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Variable Name: sign_3C290

Variable Label: 3C290. During the last 3 months of pregnancy, did \${deceased_name} suffer from blurred vision?

Data Type: factor (select one)

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

Variable Name: sign_3C310

Variable Label: 3C310. Was there any vaginal bleeding during pregnancy or after delivery?

Data Type: factor (select one)

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

Variable Name: sign_3C320

Variable Label: 3C320. Was there vaginal bleeding during the first 6 months of pregnancy?

Data Type: factor (select one)

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

Variable Name: sign_3C330

Variable Label: 3C330. Was there 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: sign_3C340

Variable Label: 3C340. Was there excessive vaginal bleeding during labour?

Data Type: factor (select one)

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

Variable Name: sign_3C350

Variable Label: 3C350. Was there excessive vaginal bleeding after delivering the baby?

Data Type: factor (select one)

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

Variable Name: sign_3C360

Variable Label: 3C360. Was the placenta completely delivered?

Data Type: factor (select one)

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

Variable Name: sign_3C365

Variable Label: 3C365. Did $\{\text{deceased_name}\}$ deliver or try to deliver an abnormally positioned baby?

Data Type: factor (select one)

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

Variable Name: sign_3C370

Variable Label: 3C370. Was $\{\text{deceased_name}\}$ in labour for unusually long (more than 24 hours)?

Data Type: factor (select one)

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

Variable Name: sign_3C380

Variable Label: 3C380. Had $\{\text{deceased_name}\}$ attempted to terminate the pregnancy?

Data Type: factor (select one)

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

Variable Name: sign_3C400

Variable Label: 3C400. Where did $\{\text{deceased_name}\}$ (attempt to) give birth?

Data Type: factor (select one)

Value	Label
1	Hospital
2	Home

Variable Name: sign_3C420_other

Variable Label: If other, please specify.

Data Type: string

Variable Name: sign_3C430

Variable Label: 3C430. Did \${deceased_name} receive professional assistance for the delivery?

Data Type: factor (select one)

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

Variable Name: sign_3C440

Variable Label: 3C440. Did \${deceased_name} have an operation to remove her uterus shortly before death?

Data Type: factor (select one)

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

Variable Name: sign_3C450

Variable Label: 3C450. What kind of delivery did the \${deceased_name} have ?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Normal vaginal delivery
2	Assisted delivery with forceps/vacuum extraction
3	Caesarean section

Variable Name: sign_3C480

Variable Label: 3C480. Was the baby born more than one month early?

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 SERVIC USE FOR THE FINAL ILLNESS

Data Type: acknowledge

Variable Name: treatment__3G100

Variable Label: 3G100. Was \${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 \${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: 3G100. Did \${deceased_name} receive oral rehydration salts?

Data Type: factor (select one)

Value	Label
-8	Don't know

Value	Label
1	Yes
2	No

Variable Name: treatment_3G130

Variable Label: 3G130. Did \${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 \${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 \${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 \${deceased_name} receive (or needed) injectable (IV or IM) antibiotics?

Data Type: factor (select one)

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

Variable Name: treatment_3G170

Variable Label: 3G170. Did \${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_3G180

Variable Label: 3G180. Did \${deceased_name} have the operation within 1 month before ?

Data Type: factor (select one)

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

Variable Name: treatment_3G190

Variable Label: 3G190. Was \${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 \${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 s/he 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 s(he) 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 $\{\text{deceased_name}\}$'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

Value	Label
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?

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
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).
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 rpsponden 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