2012 WHO VERBAL AUTOPSY - Death of a person aged 15 years and above Codebook

Seaco, Monash

30 October, 2019

Form ID: VA_15Y_A Form Version: 1910301336

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: phonenumber

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: DC's Name

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: consent_record

Variable Label: 1. Do you get permission or consent to record this interview?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: barcode__01

Variable Label: 2. Was this household previously registered by SEACO?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: barcode__02

Variable Label: 3. Is the SEACO Barcode available?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: barcode__03

Variable Label: 4. 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: 5. Try to record the barcode with the camera

Data Type: string

Variable Name: barcode_05

Variable Label: 6. The barcode was not recorded. Manually enter it.

Data Type: string

Variable Name: barcode_07

Variable Label: 7. Does this household agree to participate in the Verbal Autopsy?

Data Type: factor (select one)

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

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: 7.2 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: reasonGive

Variable Label: 7.1 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 one)

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: reasonOthers

Variable Label: please specify the reason of refuse?

Data Type: string

Variable Name: nonparticipate_deceased_name_yesno

Variable Label: 7.3 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: 7.4 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: 8. 2A100. Name verbal autopsy respondent

Data Type: string

Variable Name: participant_ic

Variable Label: 9. Does the respondent have a NRIC?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: participant_ic_yes

Variable Label: 10. Enter NRIC number

Data Type: string

Variable Name: participant_ic_yes2

Variable Label: 11. Enter NRIC number (repeat)

Data Type: string

Variable Name: participant_ic_no

Variable Label: 12. 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

Value	Label
4	ID missing

Variable Name: participant_ic_no_other

Variable Label: 13. Please specify other

Data Type: string

Variable Name: id_number

Variable Label: 14. Please enter the ID number (include letters in UPPERCASE)

Data Type: string

Variable Name: phone_number

Variable Label: 15. Phone number

Data Type: string

Variable Name: consent__1

Variable Label: 16.1 To be interviewed by the researcher

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent__2

Variable Label: 16.2 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: 16.3 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: 16.4 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: 16.5 To allow the research findings to be pulished in de-identified summary form

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consented_initial

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: consent__8

Variable Label: 17. ${respondent_name}'s signature

Data Type: image

Variable Name: signed

Variable Label: 18. Did ${respondent_name} sign the consent?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consented

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: trigger__2

Variable Label: 19. We do not have consent to continue. Save and Close the form.

Data Type: trigger

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: 20. 1A100. What was the name of the deceased?

Data Type: string

Variable Name: relationship_deceased

Variable Label: 21. 2A110. What is your relationship to ${deceased_name}?

Data Type: factor (select one)

Value	Label
1	Father/Mother
2	Son/daughter/stepson/stepdaughter/adopted child
3	Spouse
4	Sibling

Value	Label
5	Relatives
6	Grandchildren
7	Son-in-law/daughter-in-law
8	No relation
9	Other

Variable Name: relationship_deceased_other

Variable Label: 22. If other, please specify what relationship do you have?

Data Type: string

Variable Name: live_deceased

Variable Label: 23. 2A115. Did you live with the deceased in the period leading up to ${deceased_name}'s death?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased_1A110

Variable Label: 24. 1A110. What is ${deceased_name}'s gender?

Data Type: factor (select one)

Value	Label
1	Female
2	Male

Variable Name: deceased_1A200

Variable Label: 25. 1A200. Is date of birth known?

Data Type: factor (select one)

Value	Label
1	Yes

Value	Label
2	No

Variable Name: deceased__1A210

Variable Label: 26. 1A210. When was the ${deceased_name} born?

Data Type: date

Variable Name: Residents__age

Variable Label: Calculated age

Data Type: unknown (calculate)

Variable Name: deceased__1A220

Variable Label: 27. 1A220. Is date of death known?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased__1A230

Variable Label: 28. 1A230. When did ${deceased_name} pass away?

Data Type: date

Variable Name: deceased__1A240

Variable Label: 29. 1A240. How old was ${deceased_name} when s/he passed away? Estimated age is: ${Residents_age}

Data Type: integer

Variable Name: deceased__1A400

Variable Label: 30. 1A400. Did ${deceased_name} pass away between 6 weeks and 1 year of being pregnant or having a baby?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased__1A500

Variable Label: 31. 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	Nepal
8	Thai
9	Cambodian
10	Other

Variable Name: deceased__1A500__other

Variable Label: 32. If other please specify citizenship of ${deceased_name}

Data Type: string

Variable Name: deceased__1A510

Variable Label: 33. 1A510. What was ${deceased_name}'s ethnicity?

Data Type: factor (select multiple)

Value	Label
-9	Refused to answer
-8	Don't know

Value	Label
1	Malay
2	Chinese
3	Indian
4	Bumiputera
5	Orang Asli
6	Other

Variable Name: deceased_1A510_other

Variable Label: 34. If other, please specify the ethnicity of ${deceased_name}.

Data Type: string

Variable Name: HouseDetails_1A530_Mukim

Variable Label: 36. 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_1A530_Batu

Variable Label: 37. Which Batu is that dwelling along?

Data Type: string

Variable Name: HouseDetails_1A530_Area

Variable Label: 38. 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

Value	Label
5	Quarters
6	Not applicable

Variable Name: HouseDetails_1A530_Area2

Variable Label: 39. Please specify the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?

Data Type: string

Variable Name: HouseDetails_1A530_Area3

Variable Label: 40. 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: HouseDetails_1A530_Area4

Variable Label: 41. Please specify the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?

Data Type: string

Variable Name: HouseDetails_1A530_Street

Variable Label: 42. Type of the Street/Lorong of that dwelling?

Data Type: factor (select one)

Value	Label
1	Jalan
2	Lorong
3	Not applicable

Variable Name: HouseDetails_1A530_Street2

Variable Label: 43. Please specify the Street name/Lorong of that dwelling?

Data Type: string

Variable Name: HouseDetails_1A530_Street3

Variable Label: 44. Type of the Street/Lorong of that dwelling?

Data Type: factor (select one)

Value	Label
1	Jalan
2	Lorong
3	Not applicable

Variable Name: HouseDetails_1A530_Street4

Variable Label: 45. Please specify the Street name/Lorong of that dwelling?

Data Type: string

Variable Name: HouseDetails_1A530_Number

Variable Label: 46. 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_1A530_Number2

Variable Label: 47. Please specify the Lot number/House number/Pole number of that dwelling?

Data Type: string

Variable Name: HouseDetails_1A530_Number3

Variable Label: 48. 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_1A530_Number4

Variable Label: 49. Please specify the Lot number/House number/Pole number of that dwelling?

Data Type: string

Variable Name: deceased_home

Variable Label: 50. 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: 51. Was ${deceased_name}'s home in Segamat District?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: Deceased_HouseDetails_Mukim

Variable Label: 53. 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: 54. Which Batu is that dwelling along?

Data Type: string

Variable Name: Deceased_HouseDetails_Area

Variable Label: 55. 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: 56. Please specify the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?

Data Type: string

Variable Name: Deceased_HouseDetails_Area3

Variable Label: 57. 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

Value	Label
5	Quarters
6	Not applicable

Variable Name: Deceased_HouseDetails_Area4

Variable Label: 58. Please specify the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?

Data Type: string

Variable Name: Deceased_HouseDetails_Street

Variable Label: 59. 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: 60. Please specify the Street name/Lorong of that dwelling?

Data Type: string

Variable Name: Deceased_HouseDetails_Street3

Variable Label: 61. 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: 62. Please specify the Street name/Lorong of that dwelling?

Data Type: string

Variable Name: Deceased_HouseDetails_Number

Variable Label: 63. 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: 64. Please specify the Lot number/House number/Pole number of that dwelling?

Data Type: string

Variable Name: Deceased_HouseDetails_Number3

Variable Label: 65. 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: 66. Please specify the Lot number/House number/Pole number of that dwelling?

Data Type: string

Variable Name: deceased_1A560

Variable Label: 67. 1A560. What was the place of ${deceased_name}'s death?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Hospital
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: 68. If 'other' site of death, please specify

Data Type: string

Variable Name: deceased_1A600

Variable Label: 69. 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: 70. 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: 70. 1A610. What was the date of marriage?

Data Type: date

Variable Name: deceased__1A630__1

Variable Label: 71. 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: 71. 1A630. What was the full name of ${deceased_name}'s mother?

Data Type: string

Variable Name: deceased__1A620__1

Variable Label: 72. 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: 72. 1A620. What was the full name of ${deceased_name}'s father?

Data Type: string

Variable Name: deceased__1A650

Variable Label: 73. 1A650. Was ${deceased_name} able to read and write?

Data Type: factor (select one)

Value	Label
-8	Don't Know

Value	Label
1	Yes
2	No

Variable Name: deceased__1A640

Variable Label: 74. 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: 75. If other, please specify the schooling history of ${deceased_name}.

Data Type: string

Variable Name: deceased__1A660

Variable Label: 76. 1A660. What was the employment status of ${deceased_name}?

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

Value	Label
6	Working Part-time
7	Working Full-Time
10	Pensioners/Pensions
11	Self Employed

Variable Name: deceased_1A670

Variable Label: 77. 1A670. What was the occupation of ${deceased_name} at the time of death?

Data Type: string

Variable Name: register_death

Variable Label: 78. Was the death of ${deceased_name} 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: 79. 1A700. Death registration number

Data Type: string

Variable Name: reg__cert__1A710

Variable Label: 80. 1A710. Date of registration

Data Type: date

Variable Name: reg__cert__1A720__1

Variable Label: 81. 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: 81(a). 1A720__1__A. If other please specify:

Data Type: string

Variable Name: reg__cert__1A720__2

Variable Label: 82. 1A720__2. Registration Centre

Data Type: string

Variable Name: reg__cert__1A720__3

Variable Label: 83. 1A720__3. Photo of the Death Certificate

Data Type: image

Variable Name: reg__cert__id__type

Variable Label: 84. 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
5	MyTentera
6	MyPR
7	Passport
8	Other

Variable Name: reg_cert_id_type_other

Variable Label: 85. Enter the type of ID ${deceased_name} using.

Data Type: string

Variable Name: reg_cert_nric1

Variable Label: 86. Enter ${deceased_name}'s NRIC (MyKAD, MyKID, MyPolis, MyTentera, MyPR, etc.)

Data Type: string

Variable Name: reg_cert_nric2

Variable Label: 87. Re-enter ${deceased_name}'s NRIC (MyKAD, MyKID, MyPolis, MyTentera, MyPR, etc.)

Data Type: string

Variable Name: reg_cert_nric_foreign

Variable Label: 88. 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: 93. May I have this section audio recorded?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deathcause__0

Variable Label: 89. Could you tell me about the illness/events that led to her/his death?

Data Type: audio

Variable Name: deathcause__1

Variable Label: 90. CAUSE OF DEATH 1 ACCORDING TO RESPONDENT

Data Type: string

Variable Name: deathcause__2

Variable Label: 91. 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: 92. I would like to ask you some questions concerning the context and previously known medical conditions the ${deceased_name} had; injuries and accidents that the ${deceased_name} suffered; and signs and symptoms that the ${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 ${deceased_name} had.

Data Type: acknowledge

Variable Name: medical_3A100

Variable Label: 93. 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: 94. 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: 95. 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: 96. 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

Value	Label
2	No

Variable Name: medical_3A150

Variable Label: 97. 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: 98. 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: 99. 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: 100. 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
2	No

Variable Name: medical_3A190

Variable Label: 101. 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: 102. 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: 103. 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: 104. 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: 105. 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: 106. 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: 107. 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: 108. 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: 109. 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: 110. 3A300. For how long was ${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: medical_3A310

Variable Label: 111. 3A310. Did ${deceased_name} pass away suddenly?

Data Type: factor (select one)

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

Variable Name: injury_3E100_check_section6

Variable Label: 112. 3E100. Did ${deceased_name} suffer from any injury or accident that led to ${deceased_name}'s 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: 113. 3E110. Did ${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: 114. 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: 115. 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: 116. 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: 117. 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: 118. 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: 119. 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: 120. 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: 121. 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: 122. 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: 123. 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: 124. 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: 125. 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: 126. 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: 127. 3E300. Was ${deceased_name} injured in a non-road transport accident?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes

Value	Label
2	No

Variable Name: **injury_3E310**

Variable Label: 128. 3E310. Was ${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: 129. 3E320. Did ${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: 130. 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: 131. 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: 132. 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: 133. 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: 134. 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: 135. 3E500. Was ${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: 136. 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: 137. 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: 138. 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: 139. 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: 140. 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: 141. 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: 142. 3E630. Was ${deceased_name} struck by an animal or object?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes

Value	Label
2	No

Variable Name: injury_3E700

Variable Label: 143. 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 ASSOCIATED WITH ILLNESS OF WOMEN

Data Type: acknowledge

Variable Name: symptom_3B720

Variable Label: 144. 3B270. Did ${deceased_name} have an ulcer or swelling in the breast?

Data Type: factor (select one)

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

Variable Name: symptom_3B800

Variable Label: 145. 3B800. Did ${deceased_name} have excessive vaginal bleeding in between menstrual periods?

Data Type: factor (select one)

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

Variable Name: symptom_3B810

Variable Label: 146. 3B810. Did ${deceased_name}'s vaginal bleeding stop naturally during menopause?

Data Type: factor (select one)

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

Variable Name: symptom_3B820

Variable Label: 147. 3B820. Did ${deceased_name} have vaginal bleeding after menopause?

Data Type: factor (select one)

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

Variable Name: acknowledge_section8_pre

Variable Label: PREGNANCY

Data Type: acknowledge

Variable Name: sign_3C100

Variable Label: 148. 3C100. Was ${deceased_name} pregnant within 6 weeks of her death?

Data Type: factor (select one)

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

Variable Name: sign__3C110

Variable Label: 149. 3C110. Was ${deceased_name} delivered within 6 weeks of her death?

Data Type: factor (select one)

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

Variable Name: acknowledge__section8

Variable Label: SECTION 8. SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY

Data Type: trigger

Variable Name: sign__3C130

Variable Label: 151. 3C130. For how many months had ${deceased_name} been pregnant?

Data Type: integer

Variable Name: sign__3C120__a

Variable Label: 152. 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: 153. 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: 154. 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: 155. ${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: 156. 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: 157. 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: 158. 3C200. Did ${deceased_name} pass away within 24 hours after a miscarriage, an abortion?

Data Type: factor (select one)

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

Variable Name: sign__3C200__a

Variable Label: 158. 3C200. Did ${deceased_name} pass away within 24 hours after give birth?

Data Type: factor (select one)

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

Variable Name: sign__3C260

Variable Label: 159. 3C260. During the pregnancy, did ${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: 160. 3C270. During the pregnancy, did ${deceased_name} have foul smelling vaginal discharge?

Data Type: factor (select one)

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

Value	Label

Variable Name: sign__3C270_a

Variable Label: 160. 3C270. After delivery, did ${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: 161. 3C280. During the last 3 months of pregnancy, did ${deceased_name} suffer from convulsions?

Data Type: factor (select one)

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

Variable Name: sign__3C290

Variable Label: 162. 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: 163. 3C310. Was there any vaginal bleeding during pregnancy?

Data Type: factor (select one)

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

Variable Name: sign__3C310__a

Variable Label: 163. 3C310. Was there any vaginal bleeding after delivery?

Data Type: factor (select one)

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

Variable Name: sign__3C320

Variable Label: 164. 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: 165. 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: 166. 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: 167. 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: 168. 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: 169. 3C365. Did ${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: 170. 3C370. Was ${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: 171. 3C380. Had ${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: 172. 3C400. Where did ${deceased_name} (attempt to) give birth?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Hospital
2	Other Health Facility
3	Home
4	On the way to the Hospital/Health Facility
5	Other

Variable Name: sign__3C420__other

Variable Label: 173. If other, please specify.

Data Type: string

Variable Name: sign_3C430

Variable Label: 174. 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: 175. 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: 176. 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: 177. 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

Value	Label

Variable Name: acknowledge_section9

Variable Label: SECTION 9. SYMPTOMS NOTED DURING THE FINAL ILLNESS

Data Type: acknowledge

Variable Name: symptom_3B100

Variable Label: 178. 3B100. Did ${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: 179. 3B110. For how long did ${deceased_name} has a fever?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Weeks
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: 180. 3B120. Did ${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: 181. 3B130. Did ${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: 182. 3B140. For how long did ${deceased_name} have a cough?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Weeks
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_weeks

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_3B150

Variable Label: 183. 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: 184. 3B160. Did ${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: 185. 3B180. Did ${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: 186. 3B190. Did ${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	Weeks
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: 187. 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: 188. 3B220. For how long did ${deceased_name} have breathlessness?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Weeks
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: 189. 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: 190. 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__3B260

Variable Label: 191. 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: 192.3B270. 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: 193. 3B280. Did ${deceased_name} have diarrhoea?

Data Type: factor (select one)

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

Variable Name: symptom__3B290

Variable Label: 194. 3B290. For how long did ${deceased_name} have diarrhoea?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Weeks
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: 195. 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: 196. 3B310. Did ${deceased_name} vomit?

Data Type: factor (select one)

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

Variable Name: symptom_3B320

Variable Label: 197. 3B320. Is it a vomit of coffee powder 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: 198. 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: 199. 3B340. Did ${deceased_name} have SEVERE abdominal/stomach pain

Data Type: factor (select one)

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

Variable Name: symptom_3B350

Variable Label: 200. 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
1	Days
2	Weeks
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: 201. 3B360. Did ${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: 202. 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	Weeks
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: 203. 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: 204. 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	Weeks
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: 205. 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: 206. 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: 207. 3B410. For how long did ${deceased_name} have a stiff or painful neck?

Data Type: factor (select one)

Value	Label
-8	Don't Know

Value	Label
1	Days
2	Weeks
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: 208. 3B420. Did ${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: 209. 3B430. For how long did ${deceased_name} have mental confusion?

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Weeks
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: 210. 3B440. Was ${deceased_name} unconscious for more than 24 hours?

Data Type: factor (select one)

Value	Label
-8	Don't know

Value	Label
1	Yes
2	No

Variable Name: symptom_3B450

Variable Label: 211. 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: 212. 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: 213. 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: 214. 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: 215. 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: 216. 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: 217. 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

Value	Label
2	No

Variable Name: symptom__3B530

Variable Label: 218. 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: 219. 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: 220. 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: 221. 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: 222. 3B570. For how long did ${deceased_name} have the skin rash

Data Type: factor (select one)

Value	Label
-8	Don't Know
1	Days
2	Weeks
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: 223. 3B580. Did ${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: 224. 3B590. Did ${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: 225. 3B600. Did ${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: 226. 3B610. Did ${deceased_name} have noticeable weight loss

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes

Value	Label
2	No

Variable Name: symptom_3B620

Variable Label: 227. 3B620. Was ${deceased_name} severely thin ?

Data Type: factor (select one)

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

Variable Name: symptom_3B630

Variable Label: 228. 3B630. Did ${deceased_name} have mouth sores or white patches in the mouth or in the tounge?

Data Type: factor (select one)

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

Variable Name: symptom_3B640

Variable Label: 229. 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: 230. 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: 231. 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: 232. 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: 233. 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: 234. 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: 235. 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: 236. 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: 237. 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: 238. 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: 239. 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: 240. 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: 241. 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

Value	Label
1	Yes
2	No

Variable Name: symptom_3B780

Variable Label: 242. 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_3B790

Variable Label: 243. 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_section10

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

Data Type: acknowledge

Variable Name: treatment_3G100

Variable Label: 244. 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: 245. 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: 246. 3G120. Did ${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: 247. 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: 248. 3G140. Did ${deceased_name} receive (or needed) a blood transfusion?

Data Type: factor (select one)

Value	Label
-8	Don't know
1	Yes

Value	Label
2	No

Variable Name: treatment__3G150

Variable Label: 249. 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: 250. 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: 251. 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: 252. 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: 253. 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. RISK FACTORS

Data Type: acknowledge

Variable Name: riskfactors_3F100

Variable Label: 254. Did ${deceased_name} drink alcohol?

Data Type: factor (select one)

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

Variable Name: riskfactors_3F110

Variable Label: 255. Did ${deceased_name} smoke tobacco. (cigarette, cigar, pipe, etc.)?

Data Type: factor (select one)

Value	Label
-8	Don't know

Value	Label
1	Yes
2	No

Variable Name: acknowledge_section12

Variable Label: SECTION 12. BACKGROUND

Data Type: acknowledge

Variable Name: background_4A100

Variable Label: 256. 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: 257. 4A110. Did ${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: 258. 4A120. Were there any problems during admission to the hospital or heatlh facility?

Data Type: factor (select one)

Value	Label
-8	Don't know

Value	Label
1	Yes
2	No

Variable Name: background__4A130

Variable Label: 260. 4A130. Were there any problems with the way ${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: 261. 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: 262.4A150. 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: 263. 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: 264. 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: 265. 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: 266. 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

Value	Label
2	No

Variable Name: acknowledge_observation

Variable Label: Observation

Data Type: acknowledge

Variable Name: interview_language

Variable Label: 267. 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: 268. 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: 269. Enter the ID Recorder used in this interview?

Data Type: string

Variable Name: recorder__file

Variable Label: 270. Enter the name of file recorder you saved in recorder for this interview

Data Type: string

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: address__summary

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

Data Type: string

Variable Name: field_notes

Variable Label: Field notes

Data Type: string

Variable Name: trigger__6

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

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)