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

Seaco, Monash

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Form ID: NA Form Version: 1.4e+09

Variable Name: starttime

Variable Label: Timestamp of form open

Data Type: System generated

Variable Name: startdate

Variable Label: Date of form open

Data Type: System generated

Variable Name: endtime

Variable Label: Timestamp of form save

Data Type: System generated

Variable Name: enddate

Variable Label: Date of form save

Data Type: System generated

Variable Name: deviceid

Variable Label: IMEI

Data Type: System generated

Variable Name: FormVersion

Variable Label: Form ID

Data Type: System generated

Variable Name: interviewer

Variable Label: 2A120. Name of verbal autopsy interviewer:

Data Type: Hidden from user / Not asked

Variable Name: interviewer_name

Variable Label: Name

Data Type: string

Variable Name: respondent

Variable Label: 2A100. Name of verbal autopsy respondent

Data Type: Hidden from user / Not asked

Variable Name: respondent_name

Variable Label: Name

Data Type: User Input

Variable Name: consent

Variable Label: I confirm the following:

Data Type: factor (select one)

Value	Label
NA	NA

Variable Name: consent_signature

Variable Label: Signature

Data Type: image

Variable Name: consent_audio

Variable Label: or record verbal consent

Data Type: audio

Variable Name: relationship_deceased

Variable Label: 2A110. What is your relationship to the deceased?

Data Type: factor (select one)

Value	Label
NA	NA

Variable Name: live_deceased

Variable Label: 2A115. Did you live with the deceased in the period leading to her/his death?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased_1A100

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

Data Type: Hidden from user / Not asked

Variable Name: deceased_1A100_name

Variable Label: Name

Data Type: string

Variable Name: deceased__1A110

Variable Label: 1A110. Was the deceased female or male?

Data Type: factor (select one)

Value	Label
1	Male
2	Female

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 born?

Data Type: date

Variable Name: deceased__1A220

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

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased__1A230

Variable Label: 1A230. When did s/he die?

Data Type: date

Variable Name: deceased_1A240

Variable Label: 1A240. How old was the deceased when s/he died?

Data Type: integer

Variable Name: deceased_1A400

Variable Label: 1A400. Was this a woman who died more than 42 days but less than 1 year after being pregnant or delivering a baby?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: deceased_1A500

Variable Label: 1A500. What was her/his citizenship/nationality?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Citizen by birth
2	Naturalized Citizen
3	Alien

Variable Name: deceased_1A510

Variable Label: 1A510. What was her/his ethnicity?

Data Type: factor (select multiple)

Value	Label
1	Malay
2	Chinese
3	Indian
4	Other (specify)

Variable Name: deceased__1A520

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

Data Type: factor (select one)

Value	Label
1	Hospital
2	Other Health Facility
3	Home
4	Other

Variable Name: deceased__1A530

Variable Label: 1A530. What was her/his plase of usual residence?

Data Type: Hidden from user / Not asked

Variable Name: deceased__1A530__Number

Variable Label: Number of house

Data Type: string

Variable Name: deceased__1A530__Street

Variable Label: Number of street

Data Type: string

Variable Name: deceased__1A530__Taman

Variable Label: Enter name of Taman

Data Type: string

Variable Name: deceased__1A530__Kampung

Variable Label: Enter name of Kampung

Data Type: string

Variable Name: deceased_1A530_Postcode

Variable Label: Enter number of postcode

Data Type: string

Variable Name: deceased_1A530_Subdistrict

Variable Label: Subdistrict

Data Type: string

Variable Name: deceased_1A530_State

Variable Label: State

Data Type: string

Variable Name: deceased_1A530_Country

Variable Label: Country

Data Type: string

Variable Name: deceased_1A540_check

Variable Label: Was her/his place of normal residence 1-5 years before death same as place of usual residence (1A530) ?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased_1A540

Variable Label: 1A540. What was her/his place of normal residence 1 to 5 years before death?

Data Type: Hidden from user / Not asked

Variable Name: deceased_1A540_Number

Variable Label: Number of house

Data Type: string

Variable Name: deceased_1A540_Street

Variable Label: Number of street

Data Type: string

Variable Name: deceased_1A540_Taman

Variable Label: Enter name of Taman

Data Type: string

Variable Name: deceased_1A540_Kampung

Variable Label: Enter name of Kampung

Data Type: string

Variable Name: deceased_1A540_Postcode

Variable Label: Enter number of postcode

Data Type: string

Variable Name: deceased_1A540_Subdistrict

Variable Label: Subdistrict

Data Type: factor (select one)

Value	Label
NA	NA

Variable Name: deceased_1A540_State

Variable Label: State

Data Type: string

Variable Name: deceased__1A540__Country

Variable Label: Country

Data Type: string

Variable Name: deceased__1A550__check

Variable Label: Did death occur at her/his place of normal residence (1A540) ?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: deceased__1A550

Variable Label: 1A550. Where did death occur?

Data Type: Hidden from user / Not asked

Variable Name: deceased__1A550__Number

Variable Label: Number of house

Data Type: string

Variable Name: deceased__1A550__Street

Variable Label: Number of street

Data Type: string

Variable Name: deceased__1A550__Taman

Variable Label: Enter name of Taman

Data Type: string

Variable Name: deceased_1A550_Kampung

Variable Label: Enter name of Kampung

Data Type: string

Variable Name: deceased_1A550_Postcode

Variable Label: Enter number of postcode

Data Type: string

Variable Name: deceased_1A550_Subdistrict

Variable Label: Subdistrict

Data Type: factor (select one)

Value	Label
NA	NA

Variable Name: deceased_1A550_State

Variable Label: State

Data Type: string

Variable Name: deceased_1A550_Country

Variable Label: Country

Data Type: string

Variable Name: deceased_1A560

Variable Label: 1A560. What was the site of death?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Hospital
2	Other Health Facility
3	Home

Value	Label
4	Other (specify)

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 her/his marital status

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Never married
2	Married/living with a partner
3	Widowed
4	Divorced
5	Separated

Variable Name: deceased_1A610

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

Data Type: date

Variable Name: deceased_1A630

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

Data Type: Hidden from user / Not asked

Variable Name: deceased_1A630_surname

Variable Label: Surname

Data Type: Hidden from user / Not asked

Variable Name: deceased_1A630_name

Variable Label: Name

Data Type: string

Variable Name: deceased_1A620

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

Data Type: Hidden from user / Not asked

Variable Name: deceased_1A620_surname

Variable Label: Surname

Data Type: Hidden from user / Not asked

Variable Name: deceased_1A620_name

Variable Label: Name

Data Type: string

Variable Name: deceased_1A640

Variable Label: 1A640. What was her/his highest level of schooling?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	No formal education
2	Primary
3	Secondary
4	Higher

Variable Name: deceased_1A650

Variable Label: 1A650. What s/he able to read and write?

Data Type: factor (select one)

Value	Label
-9	Don't know

Value	Label
1	Yes
2	No

Variable Name: deceased__1A660

Variable Label: 1A660. What was her/his economical activity status in year prior to death

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Usually economically active - Mainly employed
2	Usually economically active - Mainly unemployed
3	Not economically active - Home-maker
4	Not economically active - Student
5	Not economically active - Pension
6	Not economically active - Other (specify)

Variable Name: deceased__1A660__other

Variable Label: If other economical activity status, please specify

Data Type: string

Variable Name: deceased__1A670

Variable Label: 1A670. What was her/his occupation, that is, what kind of work did s/he mainly do?

Data Type: string

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. Registration Area

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_1A730

Variable Label: 1A730. National identification number of deceased

Data Type: string

Variable Name: deathcause_0

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

Data Type: string

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: section_5

Variable Label: I would like to ask you some questions concerning the contexts and previously known medical conditions the deceased had; injuries and accidents that the deceased suffered; and signs and symptoms that the deceased 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 the deceased had.

Data Type: Hidden from user / Not asked

Variable Name: medical_3A100

Variable Label: 3A100. Was there any diagnosis of Tuberculosis?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A110

Variable Label: 3A110. Was there any diagnosis of HIV AIDS?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A120

Variable Label: 3A120. Did s/he have a recent positive test for Malaria?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A130

Variable Label: 3A130. Did s/he have a recent negative tests for Malaria?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A140

Variable Label: 3A140. Was there any diagnosis of Measles?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A150

Variable Label: 3A150. Was there any diagnosis of High Blood Pressure

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A160

Variable Label: 3A160. Was there any diagnosis of Heart Disease?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A170

Variable Label: 3A170. Was there any diagnosis of Diabetis?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A180

Variable Label: 3A180. Was there any diagnosis of Asthma?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A190

Variable Label: 3A190. Was there any diagnosis of Epilepsy?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A200

Variable Label: 3A200. Was there any diagnosis of Cancer?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes

Value	Label
2	No

Variable Name: medical_3A210

Variable Label: 3A210. Was there any diagnosis of Chronic Obstructive Pulmonary Disease (COPD)?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A220

Variable Label: 3A220. Was there any diagnosis of Dementia?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A230

Variable Label: 3A230. Was there any diagnosis of Depression?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A240

Variable Label: 3A240. Was there any diagnosis of Stroke?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A250

Variable Label: 3A250. Was there any diagnosis of Sickle Cell disease?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A260

Variable Label: 3A260. Was there any diagnosis of Kidney disease?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A270

Variable Label: 3A270. Was there any diagnosis of Liver disease?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A280

Variable Label: 3A280. Did s/he die during the wet season?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A290

Variable Label: 3A290. Did s/he die during the dry season?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: medical_3A300

Variable Label: 3A300. For how long was s/he ill before s/he died? (Days)

Data Type: integer

Variable Name: medical_3A310

Variable Label: 3A310. Did s/he die suddenly?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: injury_3E100

Variable Label: 3E100. Did s/he suffer from any injury or accident that led to her/his death?

Data Type: factor (select one)

Value	Label
-9	Don't know

Value	Label
1	Yes
2	No

Variable Name: injury_3E110

Variable Label: 3E110. Did s/he suffer from a road traffic accident?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: injury_3E120

Variable Label: 3E120. Was s/he injured as a pedestrian/walking?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: injury_3E130

Variable Label: 3E130. Was s/he injured as an occupant of a car vehicle?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: injury_3E140

Variable Label: 3E140. Was s/he injured as an occupant of a bus/heavy transport vehicle?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: injury__3E150

Variable Label: 3E150. Was s/he injured as a driver or passenger of a motorcycle?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: injury__3E160

Variable Label: 3E160. Was s/he injured as a pedal cyclist?

Data Type: factor (select one)

Value	Label
-9	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
-9	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
-9	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
-9	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
-9	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
-9	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
-9	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
-9	Don't know
1	Yes
2	No

Variable Name: injury__3E300

Variable Label: 3E300. Was s/he injured in a non-road transport accident?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes

Value	Label
2	No

Variable Name: **injury__3E310**

Variable Label: 3E310. Was s/he injured in fall

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: **injury__3E320**

Variable Label: 3E320. Did s/he die of drowning?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: **injury__3E330**

Variable Label: 3E330. Did s/he suffer from bums?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: **injury__3E340**

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

Data Type: factor (select one)

Value	Label
-9	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
-9	Don't know
1	Yes
2	No

Variable Name: **injury__3E410**

Variable Label: 3E410. Was it a snake?

Data Type: factor (select one)

Value	Label
-9	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
-9	Don't know
1	Yes
2	No

Variable Name: **injury__3E500**

Variable Label: 3E500. Was s/he injured by force of nature?

Data Type: factor (select one)

Value	Label
-9	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
-9	Don't know
1	Yes
2	No

Variable Name: injury__3E520

Variable Label: 3E520. Was s/he subject to violence or assault?

Data Type: factor (select one)

Value	Label
-9	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
-9	Don't know
1	Yes
2	No

Variable Name: injury__3E600

Variable Label: 3E600. Was s/he injured by a fire arm?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: injury__3E610

Variable Label: 3E610. Was s/he injured from a stab, cut, or pierce?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: injury__3E620

Variable Label: 3E620. Was s/he injured by machinery?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: injury__3E630

Variable Label: 3E630. Was s/he struck by an animal or object?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: injury_3E700

Variable Label: 3E700. Do you think that s/he committed suicide?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B100

Variable Label: 3B100. Did s/he have a fever?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B110

Variable Label: 3B110. For how long did s/he have a fever? (Days)

Data Type: integer

Variable Name: symptom_3B120

Variable Label: 3B120. Did s/he have night sweats?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B130

Variable Label: 3B130. Did s/he have a cough?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B140

Variable Label: 3B140. For how long did s/he have a cough? (Days)

Data Type: integer

Variable Name: symptom__3B150

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

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B160

Variable Label: 3B160. Did s/he cough out blood?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B180

Variable Label: 3B180. Did s/he have any breathing problem?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B190

Variable Label: 3B190. Did s/he have fast breathing?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B200

Variable Label: 3B200. For how long did s/he have fast breathing? (Days)

Data Type: integer

Variable Name: symptom_3B210

Variable Label: 3B210. Did s/he have breathlessness?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B220

Variable Label: 3B220. For how long did s/he have breathlessness? (Days)

Data Type: integer

Variable Name: symptom_3B230

Variable Label: 3B230. Was s/he unable to carry out daily routine activities due to breathlessness?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B240

Variable Label: 3B240. Was s/he breathless while lying flat?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B260

Variable Label: 3B260. Did s/he have noisy breathing (grunting or wheezing)? Demonstrate.

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B270

Variable Label: 3B270. Did s/he have severe chest pain?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B280

Variable Label: 3B280. Did s/he have diarrhoea?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B290

Variable Label: 3B290. For how long did s/he have diarrhoea? (Days)

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
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B310

Variable Label: 3B310. Did s/he vomit?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B320

Variable Label: 3B320. Did s/he vomit coffee grounds" or bright red/blood? "

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B330

Variable Label: 3B330. Did s/he have abdominal problem?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B340

Variable Label: 3B340. Did s/he have abdominal pain?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B350

Variable Label: 3B350. For how long before death did s/he have severe abdominal pain? (Days)

Data Type: integer

Variable Name: symptom__3B360

Variable Label: 3B360. Did s/he have a more than usual protruding abdomen?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B370

Variable Label: 3B370. For how long did s/he have a more than usual protruding abdomen? (Days)

Data Type: integer

Variable Name: symptom_3B380

Variable Label: 3B380. Did s/he have any lump inside the abdomen?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B390

Variable Label: 3B390. For how long did s/he have the lump inside the abdomen? (Days)

Data Type: integer

Variable Name: symptom_3B400

Variable Label: 3B400. Did s/he have a severe headache?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B405

Variable Label: 3B405. Did s/he have a stiff or painful neck?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B410

Variable Label: 3B410. For how long did s/he have a stiff or painful neck? (Days)

Data Type: integer

Variable Name: symptom_3B420

Variable Label: 3B420. Did s/he have mental confusion?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B430

Variable Label: 3B430. For how long did s/he have mental confusion? (Days)

Data Type: integer

Variable Name: symptom_3B440

Variable Label: 3B440. Was s/he unconscious for more than 24 hours?

Data Type: factor (select one)

Value	Label
-9	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
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B460

Variable Label: 3B460. Did s/he have convulsions?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B470

Variable Label: 3B470. For how long did s/he convulsions? (Minutes)

Data Type: integer

Variable Name: symptom_3B480

Variable Label: 3B480. Did s/he became unconscious immediately after the convulsion?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B490

Variable Label: 3B490. Did s/he have any urine problem?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B500

Variable Label: 3B500. Did s/he pass no urine at all?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B510

Variable Label: 3B510. Did s/he go to urinate more than usual?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B520

Variable Label: 3B520. During the final illness did s/he ever pass blood in the urine?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B530

Variable Label: 3B530. Did s/he have any skin problem?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B540

Variable Label: 3B540. Did s/he have any ulcers, abscess or sores anywhere except on the feet?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B550

Variable Label: 3B550. Did s/he 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
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B560

Variable Label: 3B560. During the illness that led to death, did s/he have any skin rash?

Data Type: factor (select one)

Value	Label
-9	Don't know

Value	Label
1	Yes
2	No

Variable Name: symptom_3B570

Variable Label: 3B570. For how long did s/he have the skin rash (Days)

Data Type: integer

Variable Name: symptom_3B580

Variable Label: 3B580. Did s/he have measles rash?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B590

Variable Label: 3B590. Did s/he ever have shingles/herpes zoster

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B600

Variable Label: 3B600. Did s/he have bleeding from the nose, mouth, or anus?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B610

Variable Label: 3B610. Did s/he have noticeable weight loss

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B620

Variable Label: 3B620. Was s/he severely thin or wasted?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B630

Variable Label: 3B630. Did s/he have mouth sores or white patches in the mouth or in the tounge?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B640

Variable Label: 3B640. Did s/he have stiffness of the whole body or was unable to open the mouth?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes

Value	Label
2	No

Variable Name: symptom__3B650

Variable Label: 3B650. Did s/he have swelling (puffiness) of the face?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B660

Variable Label: 3B660. Did s/he have both feet swollen?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B670

Variable Label: 3B670. Did s/he have any lumps

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B680

Variable Label: 3B680. Did s/he have a lumps or lesions in the mouth?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B690

Variable Label: 3B690. Did s/he have any lumps on the neck?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B700

Variable Label: 3B700. Did s/he have any lumps on the armpit

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B710

Variable Label: 3B710. Did s/he have any lumps on the groin

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom__3B730

Variable Label: 3B730. Did s/he have paralysis of one side of the body?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B740

Variable Label: 3B740. Did s/he have difficulty or pain while swallowing liquids?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B750

Variable Label: 3B750. Did s/he yellow discoloration of the eyes

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B760

Variable Label: 3B760. Did s/he his hair colour change to reddish or yellowish

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B770

Variable Label: 3B770. Did s/he look pale (thinning/lack of blood) or have pale palms eyes or nail beds?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B780

Variable Label: 3B780. Did s/he have sunken eyes?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B790

Variable Label: 3B790. Did s/he drink a lot more water than usual?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B720

Variable Label: Did she have an ulcer or swelling in the breast?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B800

Variable Label: Did she have excessive vaginal bleeding in between menstrual periods?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B810

Variable Label: Did her vaginal bleeding stop naturally during menopause?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: symptom_3B820

Variable Label: Did she have vaginal bleeding after menopause?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign_3C100

Variable Label: 3C100. Was she neither pregnant, nor delivered, within 6 weeks of her death?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes

Value	Label
2	No

Variable Name: sign_3C110

Variable Label: 3C110. Was she pregnant at the time of death?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign_3C120

Variable Label: 3C120. Did she die within 6 weeks of giving birth?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign_3C130

Variable Label: 3C130. Did she die within 6 weeks of pregnancy that lasted less than 6 months?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign_3C200

Variable Label: 3C200. Did she die within 24 hours after delivery?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign__3C210

Variable Label: 3C210. Did she die during labour, but undelivered?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign__3C220

Variable Label: 3C220. Was she breastfeeding at death?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign__3C230

Variable Label: 3C230. How many births, including stillbirths, did she have before this baby?

Data Type: integer

Variable Name: sign__3C240

Variable Label: 3C240. Did she have any previous C-section?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes

Value	Label
2	No

Variable Name: sign_3C250

Variable Label: 3C250. Did she die during or after a multiple pregnancy?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign_3C260

Variable Label: 3C260. During pregnancy,did she suffer from high blood pressure?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign_3C270

Variable Label: 3C270. Did she have foul smelling vaginal discharge during pregnancy or after delivery?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign_3C280

Variable Label: 3C280. During the last 3 months of pregnancy, did she suffer from convulsions?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign_3C290

Variable Label: 3C290. During the last 3 months of pregnance, did she suffer from blurred vision?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign_3C300

Variable Label: 3C300. Did she give birth to live, healthy baby within 6 weeks of death?

Data Type: factor (select one)

Value	Label
-9	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
-9	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
-9	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
-9	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
-9	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
-9	Don't know
1	Yes
2	No

Variable Name: sign_3C360

Variable Label: 3C360. Was the placenta not completely delivered?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign_3C365

Variable Label: 3C365. Did she deliver or try to deliver an abnormally positioned baby?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign_3C370

Variable Label: 3C370. was she in labour for unusually long (more than 24 hours)?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign_3C380

Variable Label: 3C380. Did she attempt to terminate the pregnancy?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign__3C390

Variable Label: 3C390. Did she recently have a pregnancy that ended in an abortion (spontaneous or included)?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign__3C400

Variable Label: 3C400. Did she give birth in a health facility?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign__3C410

Variable Label: 3C410. Did she give birth at home?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign__3C420

Variable Label: 3C420. Did she give birth elsewhere, e.g on the way to a facility ?

Data Type: factor (select one)

Value	Label
-9	Don't know

Value	Label
1	Yes
2	No

Variable Name: sign__3C430

Variable Label: 3C430. Did she receive professional assistance for the delivery?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign__3C440

Variable Label: 3C440. Did she have an operation to remove her uterus shortly before death?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign__3C450

Variable Label: 3C450. Did she have a normal vaginal delivery?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign__3C460

Variable Label: 3C460. Did she have an assisted delivery, with forceps/vacuum?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign__3C470

Variable Label: 3C470. Was it delivery with caesarean section?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: sign__3C480

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

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: treatment__3G100

Variable Label: 3G100. Was s/he adequately vaccinated?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: treatment_3G110

Variable Label: 3G110. Did s/he receive any treatment for the illness that led to death?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: treatment_3G120

Variable Label: 3G100. Did s/he receive oral rehydration salts?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: treatment_3G130

Variable Label: 3G130. Did s/he receive (or needed) intravenous fluids (drip) treatment?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: treatment_3G140

Variable Label: 3G140. Did s/he receive (or needed) a blood transfusion?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: treatment__3G150

Variable Label: 3G150. Did s/he receive (or needed) treatment/food through a tube passed through the nose?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: treatment__3G160

Variable Label: 3G160. Did s/he receive (or needed) injectable (IV or IM) antibiotics?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: treatment__3G170

Variable Label: 3G170. Did s/he have (or needed) an operation for the illness?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: treatment__3G180

Variable Label: 3G180. Did s/he have the operation within 1 month before ?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes

Value	Label
2	No

Variable Name: treatment__3G190

Variable Label: 3G190. Was s/he discharged from the hospital very ill?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: riskfactors__3F100

Variable Label: Did s/he drink alcohol?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: riskfactors__3F110

Variable Label: Did s/he smoke tobacco. (cigarette, cigar, pipe, etc.)?

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes
2	No

Variable Name: background__4A100

Variable Label: 4A100. In the final days before death, did s/he travel to a hospital or health facility?

Data Type: factor (select one)

Value	Label
-9	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
-9	Don't know
1	Yes
2	No

Variable Name: background__4A120

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

Data Type: factor (select one)

Value	Label
-9	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
-9	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
-9	Don't know
1	Yes
2	No

Variable Name: background_4A150

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

Data Type: factor (select one)

Value	Label
-9	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
-9	Don't know
1	Yes
2	No

Variable Name: background_4A170

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

Data Type: factor (select one)

Value	Label
-9	Don't know
1	Yes

Value	Label
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
-9	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
-9	Don't know
1	Yes
2	No

Variable Name: observation__5A100__1

Variable Label: Interviewer's Observation

Data Type: string

Variable Name: observation__5A100__2

Variable Label: [Interviewer's Observation] Comments on specific questions

Data Type: string

Variable Name: observation__5A100__3

Variable Label: [Interviewer's Observation] Any other comments

Data Type: string

Variable Name: observation__5A100__4

Variable Label: [Supervisor's Observation] Any other comments

Data Type: string

Variable Name: observation__5A100__5

Variable Label: [Supervisor's Observation] Name of supervisor

Data Type: string

Variable Name: observation__5A100__6

Variable Label: [Supervisor's Observation] Date

Data Type: date