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

Field	Question	Answer
dc_namelist *(required)*	1) Please select your name:	dc_password dc_name
dc_id *(required)*	2) Please key in your password: *Question relevant when: string-length(${sensitive_response})=0* *Response constrained to: .= ${dc_namelist}*	
intrvwType	Please select an interview method *Question relevant when: 0*	1 Phone Interview 2 Face to face Interview
Health Declaration Check *Group relevant when: ${intrvwType} =0*		
health_1	Have you been to any area or states of COVID-19 as indicated by Malaysian Ministry of health over the past 14 days?	1 Yes 0 No
health_2	please indicate the zone status: *Question relevant when: ${health_1} =1*	0 Red 1 Yellow/Green
Health Declaration Check > Health Declaration Check_1		
health_note	Have you had any of the following symptoms over the past 14 days?	1 Yes 0 No
health_3	Fever	1 Yes 0 No
health_4	Cough	1 Yes 0 No
health_5	Difficulty in breathing	1 Yes 0 No
health_6	Sore throat	1 Yes 0 No
health_7	Other symptoms	1 Yes 0 No
health_8	Other symptoms *Question relevant when: ${health_7} =1*	
health_9	Have you been in close contact with person suspected to have COVID-19?	1 Yes 0 No
health_note1	If the answer is yes to either of the question above, we need to postpone this survey in two weeks' time, please report to the near health clinic for further check. Definition close contact: • Health care associated exposure, including providing direct care for COVID-19 patients, working with health care workers infected with COVID-19, visiting patients or staying in the same close environment of a COVID-19 patient. • Working together in close proximity or sharing the same classroom environment with a with COVID19 patient • Traveling together with COVID-19 patient in any kind of conveyance • Living in the same household as a COVID-19 patient	
form		
barcode_01 *(required)*	3) Was this address previously registered by SEACO?	1 Yes 2 No
form > 4) Address *Group relevant when: ${barcode_01} =1*		
searchopt *(required)*	5) Please select an appropriate identification of the household	1 SEACO House Barcode 2 Individual name 3 House Address
searchoptText *(required)*	6) Please enter part of the word to search:	
searchopt1_list *(required)*	7) Barcode *Question relevant when: ${searchopt} =1*	Residents_id barcode
searchopt2_list *(required)*	8) Individual Name *Question relevant when: ${searchopt} =2*	Residents_id Residents_name_
searchopt3_list *(required)*	9) House Address *Question relevant when: ${searchopt} =3*	Residents_id full_address
searchopt4_list *(required)*	10) MyKad *Question relevant when: ${searchopt} =4 and ${alwaysHide} ='HIDEIT'*	Residents_id nric
searchopt5_list *(required)*	11) House ID *Question relevant when: ${searchopt} =5 and ${alwaysHide} ='HIDEIT'*	Residents_id house_id
existing_barcode *(required)*	12) Is the following barcode accurate? [houseDetails_id_cnsus]	1 Yes 2 No
form > 4) Address > 13) Address *Group relevant when: ${existing_barcode} =2*		
barcode_02 *(required)*	14) Is the SEACO Barcode available? *Every house in SEACO should have a Barcode, it is often attached near the door or in the electric meter box. It may have fallen off*	1 Yes 2 No
barcode_03 *(required)*	15) Why is there no Barcode? *Question relevant when: ${barcode_02} =2*	1 The Barcode was removed 2 The Barcode is missing/lost 3 The household is part of SEAC Barcode was ever attached to 4 The house is empty and I can't barcode
barcode_04	16) Try to record the barcode with the camera *Question relevant when: ${barcode_02} =1*	
barcode_05 *(required)*	17) The barcode was not recorded. Manually enter it. *It should start with three letters and then numbers.* *Question relevant when: ${barcode_04} =9999 and ${barcode_02} =1*	

Field	Question	Answer
	Response constrained to: regex(., '^[ABCEGHKSTMJI]{3}[0-9]{6}$')	
existing_house_address *(required)*	18) Is the following address accurate? [address_name_summary]	1 Yes 2 No
barcode_07 *(required)*	19) Respondent's Status	1 Agree 2 Reject 3 Empty/ Moved 4 Not at Home (Uncontactable) 5 Excluded
barcode_07_01 *(required)*	19.a) Type of exclude. *Question relevant when: ${barcode_07} =5*	1 Overdue 2 Language Barrier 3 Others (Please Specify)
barcode_07_02 *(required)*	19.b) Others (Please Specify) *Question relevant when: ${barcode_07_01} =3*	
datetime_visit_01	20) Date and time visit (Do not change the values -- swipe to next page)	
form > reasonNE		
Group relevant when: ${barcode_07} =4 or ${barcode_07} =3		
deceased_nameNE *(required)*	21) 1A100. What was the name of the deceased? *Please use all CAPITAL LETTER to answer this question and insert full deceased's name including 'BIN', 'BINTI' or 'A/P' (if any); Eg: AISYA DHIYARANA BINTI DANIEL ASHRAF* *Response constrained to: regex(., '^\s*[A-Z/@\s]+\s*$')*	
status_visit02 *(required)*	22) Second visit: House status *Question relevant when: ${barcode_07} =4 and 0*	1 Agree 2 Reject 3 Empty/ Moved 4 Not at Home (Uncontactable) 5 Excluded
datetime_visit_02	23) Date and time visit (Do not change the values -- swipe to next page) *Question relevant when: ${barcode_07} =4 and 0*	
status_visit03 *(required)*	24) Third visit: House status *Question relevant when: ${status_visit02} =4 and 0*	1 Agree 2 Reject 3 Empty/ Moved 4 Not at Home (Uncontactable) 5 Excluded
datetime_visit_03	25) Date and time visit (Do not change the values -- swipe to next page) *Question relevant when: ${status_visit02} =4 and 0*	
consent_record *(required)*	26) Do you get permission or consent to record this interview? *If the respondent agree to be recorded, please turn on the recorder now.* *Question relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*	1 Yes 2 No
form > reasonGiveGroup		
Group relevant when: ${barcode_07} =2 or ${status_visit02} =2 or ${status_visit03} =2		
typeOfRejection *(required)*	27) Type of Rejection:	1 Reject DC 2 Reject DCS 3 Reject Door Knocker -99 Other
rejectionreq *(required)*	28) In your opinion, would rejection revisit by another data collector or door knocker or DC Supervisor change the status?	1 Yes 2 No
reasonGive *(required)*	29) Is the reason of refusal from:	1 Observation 2 Respondent answer
categoryRejectChoose *(required)*	30) Category of reject	1 No interest in survey (don't fee interview/research is necessar 2 Complete avoidance (ex:Resp home but didn't give response/ a chance to introduce) 3 Not a suitable time (Grief / in th mourning/ busy with other work 4 Too frequent visits from SEAC 5 Concerning of data privacy 6 Appointments scheduled but e refused with no reason 7 Others
typeOfRejection_other *(required)*	31) Please state other type of rejection *Question relevant when: ${typeOfRejection} ='-99'*	
reasonOthers *(required)*	32) Please specify other category of reject? *Question relevant when: selected(${categoryRejectChoose} ,7)*	
nonparticipate_deceased_name_yesno *(required)*	33) Is the respondent willing to give the name of the deceased? *Question relevant when: ${barcode_07} =2 or ${status_visit02} =2 or ${status_visit03} =2 and 0*	1 Yes 2 No
nonparticipate_deceased_name *(required)*	34) What was the name of the deceased? *Please use all CAPITAL LETTER to answer this question and insert full respondent's name including 'BIN', 'BINTI' or 'A/P' (if any); Eg: AISYA DHIYARANA BINTI DANIEL ASHRAF* *Question relevant when: ${nonparticipate_deceased_name_yesno} =1* *Response constrained to: regex(., '^\s*[A-Z/@\s]+\s*$')*	
trigger_1 *(required)*	35) Start the question *Question relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*	
acknowledge_section1 *(required)*	36) SECTION 1. BASIC INFORMATION ABOUT THE INTERVIEW AND THE RESPONDENT *Question relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*	
form > 37) SECTION 1. BASIC INFORMATION ABOUT THE INTERVIEW AND THE RESPONDENT		
Group relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1		
respondent_name *(required)*	38) 2A100. Name verbal autopsy respondent	

Field	Question	Answer
	Please use all CAPITAL LETTER to answer this question and insert full respondent's name including 'BIN', 'BINTI' or 'A/P' (if any); Eg: AISYA DHIYARANA BINTI DANIEL ASHRAF *Response constrained to: regex(., '^\s*[A-Z/@\s]+\s*$')*	
participant_ic *(required)*	39) Does the respondent have a NRIC?	1 Yes 2 No
form > 37) SECTION 1. BASIC INFORMATION ABOUT THE INTERVIEW AND THE RESPONDENT > section1a		
participant_ic_yes *(required)*	40) Enter NRIC number *Make sure it is in the standard NRIC format: '123456121234 (YYMMDDnnnnnn)* *Question relevant when: ${participant_ic} =1* *Response constrained to: regex(., '^\d\d(0[1-9]\|1[012])(0[1-9]\|[12][0-9]\|3[01])[0-9]{2}[0-9]{4}$') and not(int((today() - date(if(int(substr(., 0, 2))>20,concat('19',int(substr(., 0, 2)),'-',int(substr(.,2, 4)),'-',int(substr(., 4, 6))),concat('20',int(substr(., 0, 2)),'-',int(substr(., 2, 4)),'-',int(substr(., 4, 6))))))) div 365.24)<18)*	
participant_ic_yes2 *(required)*	41) Enter NRIC number (repeat) *Make sure it is in the standard NRIC format: '123456121234 (YYMMDDnnnnnn)* *Question relevant when: ${participant_ic} =1* *Response constrained to: .= ${participant_ic_yes}*	
participant_ic_no *(required)*	42) What other identification does the respondent has? *Question relevant when: ${participant_ic} =2*	1 Other Malaysian government is 2 Foreign passport 3 Other 4 ID missing
participant_ic_no_other *(required)*	43) Please specify other *Question relevant when: ${participant_ic_no} =3*	
id_number *(required)*	44) Please enter the ID number (include letters in UPPERCASE) *Please use all CAPITAL LETTER to answer this question* *Question relevant when: ${participant_ic_no} =1 or ${participant_ic_no} =2 or ${participant_ic_no} =3* *Response constrained to: regex(., '^[A-Z0-9]+[A-Z0-9-]*$')*	
phone_number *(required)*	45) Phone number *ommit '-' or please enter -99 if no contact number* *Response constrained to: ((string-length(.) >8) and (string-length(.) < 12)) or (.="-99")*	
form > consent *Group relevant when: (${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1) and not(${participant_ic_no} =4)*		
consent_note	46) I [respondent_name] have been asked to take part in the Monash University research project specified above. I have read the Explanatory Statement or it was read out to me in full (which is applicable). I understood the agreeing to take part means what. My participation in this project is purely volutary. I can withdraw myself at any stage of the project and there is no penalty if I decide not to participate or refuse to respond to any questions. Hereby I consent to participate in this project.	1 Yes 2 No
consent_1 *(required)*	47) To be interviewed by the researcher	1 Yes 2 No
consent_2 *(required)*	48) To allow the interview to be recorded by electronic device	1 Yes 2 No
consent_3 *(required)*	49) To allow the data to be kept in secure storage and accessible to the research team	1 Yes 2 No
consent_4 *(required)*	50) To allow the data to be kept in secure storage and accessible to the research team	1 Yes 2 No
consent_5 *(required)*	51) To allow the research findings to be pulished in de-identified summary form	1 Yes 2 No
consent_8	52) [respondent_name]'s signature *Question relevant when: ${consent_record} =2 and ${consented_initial} =1 and not(${participant_ic_no} =4)*	
signed *(required)*	53) Did [respondent_name] sign the consent? *Question relevant when: ${consent_record} =2 and ${consented_initial} =1 and not(${participant_ic_no} =4)* *Response constrained to: not(.=1 and ${consent_8} ='')*	1 Yes 2 No
trigger_2 *(required)*	54) We do not have consent to continue. Save and Close the form. *Question relevant when: ${consented} =0 or ${participant_ic_no} =4*	
form > 55) Only for consenting respondent *Group relevant when: ${signed} =1 or ${consent_record} =1*		
note_start	56) Start the Verbal Autopsy	
acknowledge_section2 *(required)*	57) SECTION 2. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH *Question relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*	
form > 55) Only for consenting respondent > 58) SECTION 2. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH *Group relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*		
form > 55) Only for consenting respondent > 58) SECTION 2. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH > section2_1		
deceased_name *(required)*	59) 1A100. What was the name of the deceased? *Please use all CAPITAL LETTER to answer this question and insert full deceased's name including 'BIN', 'BINTI' or 'A/P' (if any); Eg: AISYA DHIYARANA BINTI DANIEL ASHRAF* *Response constrained to: regex(., '^\s*[A-Z/@\s]+\s*$')*	
relationship_deceased *(required)*	60) 2A110. What is your relationship to [deceased_name]?	1 Father/Mother 2 Son/daughter/stepson/stepdau child 3 Spouse 4 Sibling 5 Relatives 6 Grandchildren 7 Son-in-law/daughter-in-law 8 No relation 9 Other
relationship_deceased_other *(required)*	61) If other, please specify what relationship do you have? *Question relevant when: ${relationship_deceased} =9*	
live_deceased *(required)*	62) 2A115. Did you live with the deceased in the period leading up to [deceased_name]'s death?	1 Yes 2 No
deceased_1A110 *(required)*	63) 1A110. What is [deceased_name]'s gender?	1 Female

Field	Question	Answer
		2 Male
deceased_1A200 *(required)*	64) 1A200. Is date of birth known?	1 Yes 2 No
deceased_1A210 *(required)*	65) 1A210. When was the [deceased_name] born? *If the YEAR is known, but not the date, use MAY 31 and record it in your field note* *Response constrained to: (.<today()) and (.>=date('1904-05-31'))*	
deceased_1A220 *(required)*	66) 1A220. Is date of death known?	1 Yes 2 No
deceased_1A230	67) 1A230. When did [deceased_name] pass away? *Date of the death more than date of birth deceased and less than today date* *Question relevant when: ${deceased_1A220} =1*	
deceased_1A240 *(required)*	68) 1A240. How old was [deceased_name] when s/he passed away? Estimated age is: [Residents_age] *The age cannot less than 15 years old* *Response constrained to: .>=15 and .= ${Residents_age}*	
deceased_1A400 *(required)*	69) 1A400. Did [deceased_name] pass away between 6 weeks and 1 year of being pregnant or having a baby? *Question relevant when: ${deceased_1A110} =1 and ${Residents_age} <45*	1 Yes 2 No
deceased_1A500 *(required)*	70) 1A500. What was [deceased_name]'s citizenship?	1 Malaysian 2 Singaporean 3 Indian 4 Vietnamese 5 Philippines 6 Bangladeshi 7 Nepal 8 Thai 9 Cambodian 10 Other -8 Don't know -9 Refused to answer
deceased_1A500_other *(required)*	71) If other please specify citizenship of [deceased_name] *Question relevant when: ${deceased_1A500} =10*	
deceased_1A510 *(required)*	72) 1A510. What was [deceased_name]'s ethnicity? *Select as many as apply*	1 Malay 2 Chinese 3 Indian 4 Bumiputera 5 Orang Asli 6 Other -8 Don't know -9 Refused to answer
deceased_1A510_other	73) If other, please specify the ethnicity of [deceased_name]. *Question relevant when: ${deceased_1A510} =6*	
form > 55) Only for consenting respondent > 58) SECTION 2. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH > 74) 1A530. Enter the address of the home where you are currently conducting the *Group relevant when: ${barcode_01} =2 or ${existing_house_address} =2*		
Deceased_HouseDetails_1A530	75) Enter the participant's house address:	
HouseDetails_1A530_Mukim *(required)*	76) Which mukim is that dwelling in?	1 Bekok 2 Chaah 3 Gemereh 4 Jabi 5 Sungai Segamat
HouseDetails_1A530_Batu *(required)*	77) Which batu is that dwelling along?	
HouseDetails_1A530_Area *(required)*	78) Type of the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?	1 Taman 2 Kampung 3 Felda 4 Felcra 5 Quarters 6 Not applicable
HouseDetails_1A530_Area2 *(required)*	79) Please specify the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?	
HouseDetails_1A530_Area3 *(required)*	80) Type of the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?	1 Taman 2 Kampung 3 Felda 4 Felcra 5 Quarters 6 Not applicable
HouseDetails_1A530_Area4 *(required)*	81) Please specify the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?	
HouseDetails_1A530_Street *(required)*	82) Type of the Street/Lorong of that dwelling?	1 Jalan 2 Lorong 3 Not applicable
HouseDetails_1A530_Street2 *(required)*	83) Please specify the Street name/Lorong of that dwelling?	
HouseDetails_1A530_Street3 *(required)*	84) Type of the Street/Lorong of that dwelling?	1 Jalan 2 Lorong 3 Not applicable
HouseDetails_1A530_Street4 *(required)*	85) Please specify the Street name/Lorong of that dwelling?	
HouseDetails_1A530_Number *(required)*	86) Type of the Lot number/House number/Pole number of that dwelling?	1 Lot 2 Number 3 Pole number

Field	Question	Answer
		4 Not applicable
HouseDetails_1A530_Number2 *(required)*	87) Please specify the Lot number/House number/Pole number of that dwelling? *Please DO NOT include "Lot" as part of the answer (i.e: if the house number is Lot 23A, then type "23A") OR DO NOT include "No" as part of the answer (i.e: if the house number is No 23A, then type "23A")* *Response constrained to: regex(., '^((?!LOT|Lot|lot|NO|NO.|No|No.|NOMBOR|nombor|Number|NUMBER).)*$') and regex(., '^\s*[A-Z0-9*/@\-\s]+\s*$')*	
HouseDetails_1A530_Number3 *(required)*	88) Type of the Lot number/House number/Pole number of that dwelling?	1 Lot 2 Number 3 Pole number 4 Not applicable
HouseDetails_1A530_Number4 *(required)*	89) Please specify the Lot number/House number/Pole number of that dwelling? *Please DO NOT include "Lot" as part of the answer (i.e: if the house number is Lot 23A, then type "23A") OR DO NOT include "No" as part of the answer (i.e: if the house number is No 23A, then type "23A")* *Response constrained to: regex(., '^((?!LOT|Lot|lot|NO|NO.|No|No.|NOMBOR|nombor|Number|NUMBER).)*$') and regex(., '^\s*[A-Z0-9*/@\-\s]+\s*$')*	
deceased_home *(required)*	90) Was this house [deceased_name]'s home before the death?	1 Yes 2 No
deceased_inside_segamat *(required)*	91) Was [deceased_name]'s home in Segamat District? *Question relevant when: ${deceased_home} =2*	1 Yes 2 No
deceased_inside_segamat2 *(required)*	92) Do you know the address of the house of the [deceased_name] in Segamat? *Question relevant when: ${deceased_inside_segamat} =1*	1 Yes 2 No
form > 55) Only for consenting respondent > 58) SECTION 2. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH > 93) Please enter the address *Group relevant when: ${deceased_inside_segamat2} =1*		
Deceased_HouseDetails	94) Enter the [deceased_name]'s house address:	
Deceased_HouseDetails_Mukim *(required)*	95) Which mukim is that dwelling in?	1 Bekok 2 Chaah 3 Gemereh 4 Jabi 5 Sungai Segamat
Deceased_HouseDetails_Batu *(required)*	96) Which batu is that dwelling along?	
Deceased_HouseDetails_Area *(required)*	97) Type of the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?	1 Taman 2 Kampung 3 Felda 4 Felcra 5 Quarters 6 Not applicable
Deceased_HouseDetails_Area2 *(required)*	98) Please specify the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?	
Deceased_HouseDetails_Area3 *(required)*	99) Type of the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?	1 Taman 2 Kampung 3 Felda 4 Felcra 5 Quarters 6 Not applicable
Deceased_HouseDetails_Area4 *(required)*	100) Please specify the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?	
Deceased_HouseDetails_Street *(required)*	101) Type of the Street/Lorong of that dwelling?	1 Jalan 2 Lorong 3 Not applicable
Deceased_HouseDetails_Street2 *(required)*	102) Please specify the Street name/Lorong of that dwelling? *Response constrained to: regex(., '^((?!Jalan|JALAN|jalan|Jln|JLN|jln|Jaln|JALN|jaln|Jlan|JLAN|jlan|Lorong|LORONG|lorong|Lrg|LRG|lrg|Lrng|LRNG|lrng).)*$') and regex(., '^\s*[A-Z0-9*/@\s]+\s*$')*	
Deceased_HouseDetails_Street3 *(required)*	103) Type of the Street/Lorong of that dwelling?	1 Jalan 2 Lorong 3 Not applicable
Deceased_HouseDetails_Street4 *(required)*	104) Please specify the Street name/Lorong of that dwelling? *Response constrained to: regex(., '^((?!Jalan|JALAN|jalan|Jln|JLN|jln|Jaln|JALN|jaln|Jlan|JLAN|jlan|Lorong|LORONG|lorong|Lrg|LRG|lrg|Lrng|LRNG|lrng).)*$') and regex(., '^\s*[A-Z0-9*/@\s]+\s*$')*	
Deceased_HouseDetails_Number *(required)*	105) Type of the Lot number/House number/Pole number of that dwelling?	1 Lot 2 Number 3 Pole number 4 Not applicable
Deceased_HouseDetails_Number2 *(required)*	106) Please specify the Lot number/House number/Pole number of that dwelling? *Please DO NOT include "Lot" as part of the answer (i.e: if the house number is Lot 23A, then type "23A") OR DO NOT include "No" as part of the answer (i.e: if the house number is No 23A, then type "23A")* *Response constrained to: regex(., '^((?!LOT|Lot|lot|NO|NO.|No|No.|NOMBOR|nombor|Number|NUMBER).)*$') and regex(., '^\s*[A-Z0-9*/@\-\s]+\s*$')*	
Deceased_HouseDetails_Number3 *(required)*	107) Type of the Lot number/House number/Pole number of that dwelling?	1 Lot 2 Number 3 Pole number 4 Not applicable
Deceased_HouseDetails_Number4 *(required)*	108) Please specify the Lot number/House number/Pole number of that dwelling? *Please DO NOT include "Lot" as part of the answer (i.e: if the house number is Lot 23A, then type "23A") OR DO NOT include "No" as part of the answer (i.e: if the house number is No 23A, then type "23A")* *Response constrained to: regex(., '^((?!LOT|Lot|lot|NO|NO.|No|No.|NOMBOR|nombor|Number|NUMBER).)*$') and regex(., '^\s*[A-Z0-9*/@\-\s]+\s*$')*	

Field	Question	Answer
form > 55) Only for consenting respondent > 58) SECTION 2. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH > section2_2		
deceased_1A560 *(required)*	109) 1A560. What was the place of [deceased_name]'s death?	1 Hospital 2 Other Health Facility 3 ...'s home 4 A relative or friend's home 5 Other -8 Don't know
deceased_1A560_other	110) If 'other' site of death, please specify *Question relevant when: ${deceased_1A560} =5*	
deceased_1A600 *(required)*	111) 1A600. What was the marital status of [deceased_name]?	1 Single 2 Married 3 Separated / Living Apart (Not D 4 Divorced 5 Widow / Widower 6 Don't Know 7 Refused to answer
deceased_1A600_1 *(required)*	112) Do you know the date of marriage of the [deceased_name]? *Question relevant when: ${deceased_1A600} =2*	1 Yes 2 No
deceased_1A610 *(required)*	113) 1A610. What was the date of marriage? *If the YEAR is known, but not the date, use MAY 31 and record it in your field note* *Question relevant when: ${deceased_1A600_1} =1* *Response constrained to: .< ${deceased_1A230} and .> ${deceased_1A210}*	
deceased_1A630_1 *(required)*	114) Do you know the full name of [deceased_name]'s mother?	1 Yes 2 No
deceased_1A630 *(required)*	115) 1A630. What was the full name of [deceased_name]'s mother? *Please use all CAPITAL LETTER to answer this question and insert full name including 'BIN', 'BINTI' or 'A/P' (if any); Eg: AISYA DHIYARANA BINTI DANIEL ASHRAF* *Question relevant when: ${deceased_1A630_1} =1* *Response constrained to: regex(., '^\s*[A-Z/@\s]+\s*$')*	
deceased_1A620_1 *(required)*	116) Do you know the full name of [deceased_name]'s father?	1 Yes 2 No
deceased_1A620 *(required)*	117) 1A620. What was the full name of [deceased_name]'s father? *Please use all CAPITAL LETTER to answer this question and insert full name including 'BIN', 'BINTI' or 'A/P' (if any); Eg: AISYA DHIYARANA BINTI DANIEL ASHRAF* *Question relevant when: ${deceased_1A620_1} =1* *Response constrained to: regex(., '^\s*[A-Z/@\s]+\s*$')*	
deceased_1A650 *(required)*	118) 1A650. Was [deceased_name] able to read and write?	1 Yes 2 No -8 Don't Know
deceased_1A640 *(required)*	119) 1A640. What was the schooling history of [deceased_name]? *Select the highest level of schooling achieved?*	1 Never attended school 2 Attended but did not finish Pri 3 Finished Primary School 4 Attended but did not finish Hig 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 -8 Do not know -9 Refused to answer
deceased_1A640_other	120) If other, please specify the schooling history of [deceased_name]. *Question relevant when: ${deceased_1A640} =12*	
deceased_1A660 *(required)*	121) 1A660. What was the employment status of [deceased_name]? *Select the MOST applicable*	1 Too young to work 2 Student 3 Housewife / Househusband 4 Not Working 5 Casual Jobs 6 Working Part-time 7 Working Full-Time 10 Pensioners/Pensions 11 Self Employed -8 Don't Know -9 Refused to answer
deceased_1A670 *(required)*	122) 1A670. What was the occupation of [deceased_name] at the time of death? *Question relevant when: ${deceased_1A660} =5 or ${deceased_1A660} =6 or ${deceased_1A660} =7 or ${deceased_1A660} =11*	
register_death *(required)*	123) Was the death of [deceased_name] registered?	1 Yes 2 No
acknowledge_section3 *(required)*	124) SECTION 3. DEATH REGISTRATION AND CERTIFICATION. *Question relevant when: ${register_death} =1*	
form > 55) Only for consenting respondent > 125) SECTION 3. DEATH REGISTRATION AND CERTIFICATION *Group relevant when: ${register_death} =1*		
ishaveDeathCert *(required)*	126) Do you have the [deceased_name] death certificate?	1 Yes 2 No

Field	Question	Answer
form > 55) Only for consenting respondent > 125) SECTION 3. DEATH REGISTRATION AND CERTIFICATION > section3_1 *Group relevant when: ${ishaveDeathCert} = 1*		
reg_cert_1A700 *(required)*	127) 1A700. Death registration number	
reg_cert_1A710 *(required)*	128) 1A710. Date of registration *Response constrained to: .>= ${deceased_1A230} and .<=today()*	
reg_cert_1A720_1 *(required)*	129) 1A720_1. Where was the death registered	1 Jabatan Pendaftaran Negara (2 Police Station 3 Hospital 4 Health Clinic 5 Others (Please Specify)
reg_cert_1A720_1_A *(required)*	130) 1A720_1_A. If other please specify: *Question relevant when: ${reg_cert_1A720_1} =5*	
reg_cert_1A720_2_A *(required)*	131a) 1A720_2_A. JPN *Question relevant when: ${reg_cert_1A720_1} = 1*	1 JPN Segamat 2 JPN Labis 3 Others (specify)
reg_cert_1A720_2_A_other *(required)*	131b) If other, please specify. *Question relevant when: ${reg_cert_1A720_2_A} = 3*	
reg_cert_1A720_2_B *(required)*	131c) 1A720_2_B. Police Station *Question relevant when: ${reg_cert_1A720_1} = 2*	1 Segamat Police Station 2 Tenang Police Station 3 Bekok Police Station 4 Chaah Police Station 5 Others (Please Specify)
reg_cert_1A720_2_B_other *(required)*	131d) If other, please specify. *Question relevant when: ${reg_cert_1A720_2_B} = 5*	
reg_cert_1A720_2_C *(required)*	131e) 1A720_2_C. Hospital *Question relevant when: ${reg_cert_1A720_1} = 3*	1 Segamat Hospital 2 Others (specify)
reg_cert_1A720_2_C_other *(required)*	131f) If other, please specify. *Question relevant when: ${reg_cert_1A720_2_C} = 2*	
reg_cert_1A720_2_D *(required)*	131g) 1A720_2_D. Health Clinic *Question relevant when: ${reg_cert_1A720_1} =4*	1 KK Bandar Putra 2 KK Bekok 3 KK Chaah 4 KK Pemanis 5 KK Segamat 6 Others (Please Specify)
reg_cert_1A720_2_D_other *(required)*	131h) If other, please specify. *Question relevant when: ${reg_cert_1A720_2_D} = 6*	
reg_cert_1A720_3 *(required)*	132) 1A720_3. Photo of the Death Certificate *Kindly ask the permission of the respondent to take a photo of the death certificate*	
reg_cert_id_no *(required)*	133) Does the [deceased_name] has an ID?	1 Yes 2 No
reg_cert_id_type *(required)*	134) What type of ID was [deceased_name] using before passed away? *Question relevant when: ${reg_cert_id_no} =1* *Response constrained to: not(.='3' or ((${Residents_age} >=15 and ${Residents_age} <=17) and (.='4' or .='5')))*	1 Birth Certificate 2 MyKAD 3 MyKID 4 MyPolis 5 MyTentera 6 MyPR 7 Passport 8 Other -8 Don't Know
reg_cert_id_type_other *(required)*	135) Enter the type of ID [deceased_name] using. *Question relevant when: ${reg_cert_id_type} =8*	
form > 55) Only for consenting respondent > 125) SECTION 3. DEATH REGISTRATION AND CERTIFICATION > section3a		
reg_cert_nric1 *(required)*	136) Enter [deceased_name]'s ID (MyKAD, MyKID, MyPolis, MyTentera, MyPR, etc.) *If NRIC selected make sure it is in the standard NRIC format: '123456121234 (YYMMDDnnnnnn)* *Question relevant when: ${reg_cert_id_type} =2 or ${reg_cert_id_type} =3 or ${reg_cert_id_type} =4 or ${reg_cert_id_type} =5 or ${reg_cert_id_type} =6* *Response constrained to: if(selected(${reg_cert_id_type} , 2), regex(., '^\d\d(0[1-9]\|1[012])(0[1-9]\|[12][0-9]\|3[01])[0-9]{2}[0-9]{4}$'),not(''))*	
reg_cert_nric2 *(required)*	137) Re-enter [deceased_name]'s ID (MyKAD, MyKID, MyPolis, MyTentera, MyPR, etc.) *Question relevant when: ${reg_cert_id_type} =2 or ${reg_cert_id_type} =3 or ${reg_cert_id_type} =4 or ${reg_cert_id_type} =5 or ${reg_cert_id_type} =6* *Response constrained to: .= ${reg_cert_nric1}*	
reg_cert_nric_foreign *(required)*	138) Enter the ID number (include letters in UPPERCASE) *Question relevant when: ${reg_cert_id_type} =1 or ${reg_cert_id_type} =7 or ${reg_cert_id_type} =8* *Response constrained to: regex(., '^[A-Z0-9]+[A-Z0-9-]*$')*	
acknowledge_section4 *(required)*	139) SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH *Question relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*	
form > 55) Only for consenting respondent > 140) SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH *Group relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*		
allowAudioRcd *(required)*	141) May I have this section audio recorded?	1 Yes 2 No
deathcause_0 *(required)*	142) Could you tell me about the illness/events that led to her/his death? *Question relevant when: ${allowAudioRcd} =1*	
deathcause_1 *(required)*	143) CAUSE OF DEATH 1 ACCORDING TO RESPONDENT *Response constrained to: regex(., "^(\s*[A-Z/@0-9,\s']+\s*)$")*	
deathcause_2 *(required)*	144) CAUSE OF DEATH 2 ACCORDING TO RESPONDENT *Response constrained to: regex(., "^(\s*[A-Z/@0-9,\s']+\s*)$")*	

Field	Question	Answer
acknowledge_section5 *(required)*	145) SECTION 5. CONTEXT AND HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS *Question relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*	
form > 55) Only for consenting respondent > 146) SECTION 5. CONTEXT AND HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS *Group relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*		
form > 55) Only for consenting respondent > 146) SECTION 5. CONTEXT AND HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS > section5_1		
section_5 *(required)*	147) 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.	
medical_3A100 *(required)*	148) 3A100. Was there any diagnosis by a qualified health care practitioner of Tuberculosis? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A110 *(required)*	149) 3A110. Was there any diagnosis by a qualified health care practitioner of HIV AIDS? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A120 *(required)*	150) 3A120. Was there a recent diagnosis by a qualified health care practitioner of Dengue? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A140 *(required)*	151) 3A140. Was there any diagnosis by a qualified health care practitioner of Measles? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A150 *(required)*	152) 3A150. Was there any diagnosis by a qualified health care practitioner of High Blood Pressure *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A160 *(required)*	153) 3A160. Was there any diagnosis by a qualified health care practitioner of Heart Disease? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A170 *(required)*	154) 3A170. Was there any diagnosis by a qualified health care practitioner of Diabetes? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A180 *(required)*	155) 3A180. Was there any diagnosis by a qualified health care practitioner of Asthma? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A190 *(required)*	156) 3A190. Was there any diagnosis by a qualified health care practitioner of Epilepsy? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A200 *(required)*	157) 3A200. Was there any diagnosis by a qualified health care practitioner of Cancer? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A210 *(required)*	158) 3A210. Was there any diagnosis by a qualified health care practitioner of Chronic Obstructive Pulmonary Disease (COPD)? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A220 *(required)*	159) 3A220. Was there any diagnosis by a qualified health care practitioner of Dementia? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A230 *(required)*	160) 3A230. Was there any diagnosis by a qualified health care practitioner of Depression? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A240 *(required)*	161) 3A240. Was there any diagnosis by a qualified health care practitioner of Stroke? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A250 *(required)*	 162) 3A250. Was there any diagnosis by a qualified health care practitioner of Sickle Cell disease? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A260 *(required)*	163) 3A260. Was there any diagnosis by a qualified health care practitioner of Kidney disease? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A270 *(required)*	164) 3A270. Was there any diagnosis by a qualified health care practitioner of Liver disease? *Eg: Medical Doctor or Nurse*	1 Yes 2 No -8 Don't know
medical_3A300 *(required)*	165) 3A300. For how long was [deceased_name] ill before s/he passed away? *Select the unit of time: days, weeks, months, or years* *Question relevant when: ${medical_3A270} =1*	1 Days 2 Weeks 3 Month 4 Year -8 Don't Know
medical_3A300_day *(required)*	166) If time is in days, please specify in how many days? *not more than 6 days, otherwise choose week* *Question relevant when: ${medical_3A300} =1* *Response constrained to: .>0 and .<7*	
medical_3A300_week *(required)*	167) If time is in weeks, please specify in how many weeks? *not more than 3 weeks, otherwise choose month* *Question relevant when: ${medical_3A300} =2* *Response constrained to: .>0 and .<4*	
medical_3A300_month *(required)*	168) If time is in month, please specify in how many months?	

Field	Question	Answer
	not more than 11 month otherwise choose year *Question relevant when: ${medical_3A300} =3* *Response constrained to: .>0 and .<12*	
medical_3A300_year *(required)*	169) If time is in year, please specify in how many years? *not more than deceased age* *Question relevant when: ${medical_3A300} =4* *Response constrained to: .< ${Residents_age}*	
medical_3A310 *(required)*	170) 111. 3A310. Did [deceased_name] pass away suddenly?	1 Yes 2 No -8 Don't know
injury_3E100_check_section6 *(required)*	171) 112. 3E100. Did [deceased_name] suffer from any injury or accident that led to [deceased_name]'s death?	1 Yes 2 No -8 Don't know
acknowledge_section6 *(required)*	172) SECTION 6. HISTORY OF INJURIES/ACCIDENTS *Question relevant when: ${injury_3E100_check_section6} =1 or ${injury_3E100_check_section6} =-8*	
form > 55) Only for consenting respondent > 173) SECTION 6. HISTORY OF INJURIES/ACCIDENTS *Group relevant when: ${injury_3E100_check_section6} =1 or ${injury_3E100_check_section6} =-8*		
injury_3E110 *(required)*	174) 3E110. Did [deceased_name] suffer from a road traffic accident?	1 Yes 2 No -8 Don't know
injury_3E120 *(required)*	175) 3E120. Was [deceased_name] injured as a pedestrian/walking? *Question relevant when: ${injury_3E110} =1 or ${injury_3E110} =-8*	1 Yes 2 No -8 Don't know
injury_3E130 *(required)*	176) 3E130. Was [deceased_name] injured as an occupant of a car vehicle? *Question relevant when: ${injury_3E120} =2 or ${injury_3E120} =-8*	1 Yes 2 No -8 Don't know
injury_3E140 *(required)*	177) 3E140. Was [deceased_name] injured as an occupant of a bus/heavy transport vehicle? *Question relevant when: ${injury_3E130} =2 or ${injury_3E130} =-8*	1 Yes 2 No -8 Don't know
injury_3E150 *(required)*	178) 3E150. Was [deceased_name] injured as a driver or passenger of a motorcycle? *Question relevant when: ${injury_3E140} =2 or ${injury_3E140} =-8*	1 Yes 2 No -8 Don't know
injury_3E160 *(required)*	179) 3E160. Was [deceased_name] injured as a pedal cyclist? *Question relevant when: ${injury_3E150} =2 or ${injury_3E150} =-8*	1 Yes 2 No -8 Don't know
injury_3E170 *(required)*	180) 3E170. Do you know anything about the counter part that was hit during the road traffic accident? *Question relevant when: ${injury_3E110} =1 or ${injury_3E120} =1 or ${injury_3E130} =1 or ${injury_3E140} =1 or ${injury_3E150} =1 or ${injury_3E160} =1 or ${injury_3E120} =2 or ${injury_3E130} =2 or ${injury_3E140} =2 or ${injury_3E150} =2 or ${injury_3E160} =2 or ${injury_3E120} =-8 or ${injury_3E130} =-8 or ${injury_3E140} =-8 or ${injury_3E150} =-8 or ${injury_3E160} =-8*	1 Yes 2 No
injury_3E200 *(required)*	181) 3E200. Was it a pedestrian? *Question relevant when: ${injury_3E170} =1 or ${injury_3E170} =-8*	1 Yes 2 No -8 Don't know
injury_3E210 *(required)*	182) 3E210. Was it a stationary object? *Question relevant when: ${injury_3E200} =2 or ${injury_3E200} =-8*	1 Yes 2 No -8 Don't know
injury_3E220 *(required)*	183) 3E220. Was it a car vehicle? *Question relevant when: ${injury_3E210} =2 or ${injury_3E210} =-8*	1 Yes 2 No -8 Don't know
injury_3E230 *(required)*	184) 3E230. Was it a bus or heavy transport vehicle? *Question relevant when: ${injury_3E220} =2 or ${injury_3E220} =-8*	1 Yes 2 No -8 Don't know
injury_3E240 *(required)*	185) 3E240. Was it a motorcycle? *Question relevant when: ${injury_3E230} =2 or ${injury_3E230} =-8*	1 Yes 2 No -8 Don't know
injury_3E250 *(required)*	186) 3E250. Was it pedal cycle? *Question relevant when: ${injury_3E230} =2 or ${injury_3E240} =-8*	1 Yes 2 No -8 Don't know
injury_3E260 *(required)*	187) 3E260. Was it something else? *Question relevant when: ${injury_3E250} =2 or ${injury_3E250} =-8*	1 Yes 2 No -8 Don't know
injury_3E300 *(required)*	188) 3E300. Was [deceased_name] injured in a non-road transport accident? *Question relevant when: ${injury_3E110} =2*	1 Yes 2 No -8 Don't know
injury_3E310 *(required)*	189) 3E310. Was [deceased_name] injured in fall *Question relevant when: ${injury_3E300} =1 or ${injury_3E300} =-8*	1 Yes 2 No -8 Don't know
injury_3E320 *(required)*	190) 3E320. Did [deceased_name] pass away because of drowning? *Question relevant when: ${injury_3E310} =2 or ${injury_3E310} =-8*	1 Yes 2 No -8 Don't know
injury_3E330 *(required)*	191) 3E330. Did [deceased_name] suffer from burns? *Question relevant when: ${injury_3E320} =2 or ${injury_3E320} =-8*	1 Yes 2 No -8 Don't know
injury_3E340 *(required)*	192) 3E340. Did [deceased_name] suffer from any plant/animal/insect bite or sting that led to [deceased_name] death *Question relevant when: ${injury_3E330} =2 or ${injury_3E330} =-8*	1 Yes 2 No

Field	Question	Answer	
		-8	Don't know
injury_3E400 *(required)*	193) 3E400. Was it a dog? *Question relevant when: ${injury_3E340} =1*	1 2 -8	Yes No Don't know
injury_3E410 *(required)*	194) 3E410. Was it a snake? *Question relevant when: ${injury_3E400} =2 or ${injury_3E400} =-8*	1 2 -8	Yes No Don't know
injury_3E420 *(required)*	195) 3E420. Was it an insect? *Question relevant when: ${injury_3E410} =2 or ${injury_3E410} =-8*	1 2 -8	Yes No Don't know
injury_3E500 *(required)*	196) 3E500. Was [deceased_name] injured by a force of nature? *Question relevant when: ${injury_3E340} =2 or ${injury_3E340} =-8*	1 2 -8	Yes No Don't know
injury_3E510 *(required)*	197) 3E510. Was there any poisoning? *Question relevant when: ${injury_3E500} =2 or ${injury_3E500} =-8*	1 2 -8	Yes No Don't know
injury_3E520 *(required)*	198) 3E520. Was [deceased_name] subject to violence or assault? *Question relevant when: ${injury_3E300} =2*	1 2 -8	Yes No Don't know
injury_3E530 *(required)*	199) 3E530. Was the injury or accident intentionally inflicted by someone else? *Question relevant when: ${injury_3E520} =2 or ${injury_3E520} =-8*	1 2 -8	Yes No Don't know
injury_3E600 *(required)*	200) 3E600. Was [deceased_name] injured by a fire arm? *Question relevant when: ${injury_3E530} =1 or ${injury_3E530} =-8*	1 2 -8	Yes No Don't know
injury_3E610 *(required)*	201) 3E610. Was [deceased_name] injured from a stab, cut, or pierce? *Question relevant when: ${injury_3E600} =2 or ${injury_3E600} =-8*	1 2 -8	Yes No Don't know
injury_3E620 *(required)*	202) 3E620. Was [deceased_name] injured by machinery? *Question relevant when: ${injury_3E610} =2 or ${injury_3E610} =-8*	1 2 -8	Yes No Don't know
injury_3E630 *(required)*	203) 3E630. Was [deceased_name] struck by an animal or object? *Question relevant when: ${injury_3E620} =2 or ${injury_3E620} =-8*	1 2 -8	Yes No Don't know
injury_3E700 *(required)*	204) 3E700. Do you think that [deceased_name] committed suicide? *Question relevant when: ${injury_3E530} =2*	1 2 -8	Yes No Don't know
acknowledge_section7 *(required)*	205) SECTION 7. SYMPTOMS AND SIGNS ASSOCIATED WITH ILLNESS OF WOMEN *Question relevant when: ${Residents_age} < 45 and ${deceased_1A110} =1*		
form > 55) Only for consenting respondent > 206) SECTION 7. SYMPTOMS AND SIGNS ASSOCIATED WITH ILLNESS OF WOMEN *Group relevant when: ${deceased_1A110} =1*			
symptom_3B720 *(required)*	207) 3B270. Did [deceased_name] have an ulcer or swelling in the breast?	1 2 -8	Yes No Don't know
symptom_3B800 *(required)*	208) 3B800. Did [deceased_name] have excessive vaginal bleeding in between menstrual periods?	1 2 -8	Yes No Don't know
symptom_3B810 *(required)*	209) 3B810. Did [deceased_name]'s vaginal bleeding stop naturally during menopause?	1 2 -8	Yes No Don't know
symptom_3B820 *(required)*	210) 3B820. Did [deceased_name] have vaginal bleeding after menopause?	1 2 -8	Yes No Don't know
acknowledge_section8_pre *(required)*	211) PREGNANCY *Question relevant when: ${deceased_1A400} =1 and ${deceased_1A110} =1 and ${Residents_age} <45*		
form > 55) Only for consenting respondent > 212) PREGNANCY *Group relevant when: ${deceased_1A400} =1 and ${deceased_1A110} =1 and ${Residents_age} <45*			
sign_3C100 *(required)*	213) 3C100. Was [deceased_name] pregnant within 6 weeks of her death?	1 2 -8	Yes No Don't know
sign_3C110 *(required)*	214) 3C110. Was [deceased_name] delivered within 6 weeks of her death?	1 2 -8	Yes No Don't know
acknowledge_section8 *(required)*	215) SECTION 8. SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY *Question relevant when: (${sign_3C100} =1 or ${sign_3C110} =1) and ${deceased_1A110} =1 and ${deceased_1A400} =1 and ${Residents_age} <45*		
form > 55) Only for consenting respondent > 216) SECTION 8. SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY *Group relevant when: (${sign_3C100} =1 or ${sign_3C110} =1) and ${deceased_1A110} =1 and ${deceased_1A400} =1 and ${Residents_age} <45*			
sign_3C130 *(required)*	217) 3C130. For how many months had [deceased_name] been pregnant? *Ask this question even if [deceased_name] was not pregnant at the time of death. How long had she been pregnant? Round to the nearest month. -9 if unknown* *Question relevant when: ${sign_3C100} =1*		
sign_3C120_a *(required)*	218) 3C120a.Did [deceased_name] have a miscarriage in the 6 weeks prior to her death? *Question relevant when: ${sign_3C100} =1*	1 2 -8	Yes No Don't know

Field	Question	Answer
sign_3C120_b *(required)*	219) 3C120b. Did [deceased_name] have an abortion in the 6 weeks prior to her death? *Question relevant when: ${sign_3C100} =1*	1 Yes 2 No -8 Don't know
sign_3C120_c *(required)*	220) 3C120c. Did [deceased_name] give birth in the 6 weeks prior to her death? *Question relevant when: ${sign_3C110} =1*	1 Yes 2 No -8 Don't know
sign_check *(required)*	221) [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 *Question relevant when: ${sign_3C100} =1*	
sign_3C300 *(required)*	222) 3C300. Did [deceased_name] give birth to a live, healthy baby within 6 weeks of death? *Question relevant when: ${sign_3C110} =1*	1 Yes 2 No -8 Don't know
sign_3C210 *(required)*	223) 3C210. Did [deceased_name] pass away during labour, but undelivered? *Question relevant when: ${sign_3C110} =1*	1 Yes 2 No -8 Don't know
sign_3C200 *(required)*	224) 3C200. Did [deceased_name] pass away within 24 hours after a miscarriage, an abortion? *Question relevant when: ${sign_3C100} =1*	1 Yes 2 No -8 Don't know
sign_3C200_a *(required)*	225) 3C200. Did [deceased_name] pass away within 24 hours after give birth? *Question relevant when: ${sign_3C110} =1*	1 Yes 2 No -8 Don't know
sign_3C260 *(required)*	226) 3C260. During the pregnancy, did [deceased_name] suffer from high blood pressure? *Question relevant when: ${sign_3C100} =1*	1 Yes 2 No -8 Don't know
sign_3C270 *(required)*	227) 3C270. During the pregnancy, did [deceased_name] have foul smelling vaginal discharge? *Question relevant when: ${sign_3C100} =1*	1 Yes 2 No -8 Don't know
sign_3C270_a *(required)*	228) 3C270. After delivery, did [deceased_name] have foul smelling vaginal discharge? *Question relevant when: ${sign_3C110} =1*	1 Yes 2 No -8 Don't know
sign_3C280 *(required)*	229) 3C280. During the last 3 months of pregnancy, did [deceased_name] suffer from convulsions? *Question relevant when: ${sign_3C100} =1*	1 Yes 2 No -8 Don't know
sign_3C290 *(required)*	230) 3C290. During the last 3 months of pregnancy, did [deceased_name] suffer from blurred vision? *Question relevant when: ${sign_3C100} =1*	1 Yes 2 No -8 Don't know
sign_3C310 *(required)*	231) 3C310. Was there any vaginal bleeding during pregnancy? *Question relevant when: ${sign_3C100} =1*	1 Yes 2 No -8 Don't know
sign_3C310_a *(required)*	232) 3C310. Was there any vaginal bleeding after delivery? *Question relevant when: ${sign_3C110} =1*	1 Yes 2 No -8 Don't know
sign_3C320 *(required)*	233) 3C320. Was there vaginal bleeding during the first 6 months of pregnancy? *Question relevant when: ${sign_3C100} =1*	1 Yes 2 No -8 Don't know
sign_3C330 *(required)*	234) 3C330. Was there vaginal bleeding during the last 3 months of pregnancy but before labour started *Question relevant when: ${sign_3C100} =1*	1 Yes 2 No -8 Don't know
sign_3C340 *(required)*	235) 3C340. Was there excessive vaginal bleeding during labour? *Question relevant when: ${sign_3C110} =1*	1 Yes 2 No -8 Don't know
sign_3C350 *(required)*	236) 3C350. Was there excessive vaginal bleeding after delivering the baby? *Question relevant when: ${sign_3C110} =1*	1 Yes 2 No -8 Don't know
sign_3C360 *(required)*	237) 3C360. Was the placenta completely delivered? *Question relevant when: ${sign_3C110} =1*	1 Yes 2 No -8 Don't know
sign_3C365 *(required)*	238) 3C365. Did [deceased_name] deliver or try to deliver an abnormally positioned baby? *Question relevant when: ${sign_3C110} =1*	1 Yes 2 No -8 Don't know
sign_3C370 *(required)*	239) 3C370. Was [deceased_name] in labour for unusually long (more than 24 hours)? *Question relevant when: ${sign_3C110} =1*	1 Yes 2 No -8 Don't know
sign_3C380 *(required)*	240) 3C380. Had [deceased_name] attempted to terminate the pregnancy? *Question relevant when: ${sign_3C100} =1*	1 Yes 2 No -8 Don't know
sign_3C400 *(required)*	241) 3C400. Where did [deceased_name] (attempt to) give birth? *Question relevant when: ${sign_3C100} =1 or ${sign_3C110} =1*	1 Hospital 2 Other Health Facility 3 Home 4 On the way to the Hospital/He 5 Other -8 Don't Know
sign_3C420_other *(required)*	242) If other, please specify. *Question relevant when: ${sign_3C400} =5*	

Field	Question	Answer
sign_3C430 *(required)*	243) 3C430. Did [deceased_name] receive professional assistance for the delivery? *Question relevant when: ${sign_3C110} =1*	1 Yes 2 No -8 Don't know
sign_3C440 *(required)*	244) 3C440. Did [deceased_name] have an operation to remove her uterus shortly before death? *Question relevant when: ${sign_3C110} =1*	1 Yes 2 No -8 Don't know
sign_3C450 *(required)*	245) 3C450. What kind of delivery did the [deceased_name] have? *Question relevant when: ${sign_3C110} =1*	1 Normal vaginal delivery 2 Assisted delivery with forceps extraction 3 Caesarean section -8 Don't Know
sign_3C480 *(required)*	246) 3C480. Was the baby born more than one month early? *Question relevant when: ${sign_3C110} =1*	1 Yes 2 No -8 Don't know
acknowledge_section9 *(required)*	247) SECTION 9. SYMPTOMS NOTED DURING THE FINAL ILLNESS *Question relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*	
form > 55) Only for consenting respondent > 248) SECTION 9. SYMPTOMS NOTED DURING THE FINAL ILLNESS *Group relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*		
symptom_3B100 *(required)*	249) 3B100. Did [deceased_name] have a fever?	1 Yes 2 No -8 Don't know
symptom_3B110 *(required)*	250) 3B110. For how long did [deceased_name] has a fever? *Select the unit of time: days, weeks, months, or years* *Question relevant when: ${symptom_3B100} =1*	1 Days 2 Weeks 3 Month 4 Year -8 Don't Know
symptom_3B110_day *(required)*	251) If time is in days, please specify in how many days? *not more than 6 days, otherwise choose week* *Question relevant when: ${symptom_3B110} =1* *Response constrained to: .>0 and .<7*	
symptom_3B110_week *(required)*	252) If time is in weeks, please specify in how many weeks? *not more than 3 weeks, otherwise choose month* *Question relevant when: ${symptom_3B110} =2* *Response constrained to: .>0 and .<4*	
symptom_3B110_month *(required)*	253) If time is in month, please specify in how many months? *not more than 11 month otherwise choose year* *Question relevant when: ${symptom_3B110} =3* *Response constrained to: .>0 and .<12*	
symptom_3B110_year *(required)*	254) If time is in year, please specify in how many years? *not more than deceased age* *Question relevant when: ${symptom_3B110} =4* *Response constrained to: .< ${Residents_age}*	
symptom_3B120 *(required)*	255) 3B120. Did [deceased_name] have night sweats?	1 Yes 2 No -8 Don't know
symptom_3B130 *(required)*	256) 3B130. Did [deceased_name] have a cough?	1 Yes 2 No -8 Don't know
symptom_3B140 *(required)*	257) 3B140. For how long did [deceased_name] have a cough? *Select the unit of time: days, weeks, months, or years* *Question relevant when: ${symptom_3B130} =1*	1 Days 2 Weeks 3 Month 4 Year -8 Don't Know
symptom_3B140_day *(required)*	258) If time is in days, please specify in how many days? *not more than 6 days, otherwise choose week* *Question relevant when: ${symptom_3B140} =1* *Response constrained to: .>0 and .<7*	
symptom_3B140_weeks *(required)*	259) If time is in weeks, please specify in how many weeks? *not more than 3 weeks, otherwise choose month* *Question relevant when: ${symptom_3B140} =2* *Response constrained to: .>0 and .<4*	
symptom_3B140_month *(required)*	260) If time is in month, please specify in how many months? *not more than 11 month otherwise choose year* *Question relevant when: ${symptom_3B140} =3* *Response constrained to: .>0 and .<12*	
symptom_3B140_year *(required)*	261) If time is in year, please specify in how many years? *not more than deceased age* *Question relevant when: ${symptom_3B140} =4* *Response constrained to: .< ${Residents_age}*	
symptom_3B150 *(required)*	262) 3B150. Was the cough productive with sputum? *Question relevant when: ${symptom_3B130} =1*	1 Yes 2 No -8 Don't know
symptom_3B160 *(required)*	263) 3B160. Did [deceased_name] cough out blood? *Question relevant when: ${symptom_3B130} =1*	1 Yes 2 No -8 Don't know
symptom_3B180 *(required)*	264) 3B180. Did [deceased_name] have any breathing problem?	1 Yes 2 No -8 Don't know

Field	Question	Answer
symptom_3B190 *(required)*	265) 3B190. Did [deceased_name] have fast breathing? *Question relevant when: ${symptom_3B180} =1*	1 Yes 2 No -8 Don't know
symptom_3B200 *(required)*	266) 3B200. For how long did [deceased_name] have fast breathing? *Select the unit of time: days, weeks, months, or years* *Question relevant when: ${symptom_3B190} =1*	1 Days 2 Weeks 3 Month 4 Year -8 Don't Know
symptom_3B200_day *(required)*	267) If time is in days, please specify in how many days? *not more than 6 days, otherwise choose week* *Question relevant when: ${symptom_3B200} =1* *Response constrained to: .>0 and .<7*	
symptom_3B200_week *(required)*	268) If time is in weeks, please specify in how many weeks? *not more than 3 weeks, otherwise choose month* *Question relevant when: ${symptom_3B200} =2* *Response constrained to: .>0 and .<4*	
symptom_3B200_month *(required)*	269) If time is in month, please specify in how many months? *not more than 11 month otherwise choose year* *Question relevant when: ${symptom_3B200} =3* *Response constrained to: .>0 and .<12*	
symptom_3B200_year *(required)*	270) If time is in year, please specify in how many years? *not more than deceased age* *Question relevant when: ${symptom_3B200} =4* *Response constrained to: .< ${Residents_age}*	
symptom_3B210 *(required)*	271) 3B210. Did [deceased_name] have breathlessness? *Question relevant when: ${symptom_3B180} =1*	1 Yes 2 No -8 Don't know
symptom_3B220 *(required)*	272) 3B220. For how long did [deceased_name] have breathlessness? *Select the unit of time: days, weeks, months, or years* *Question relevant when: ${symptom_3B210} =1*	1 Days 2 Weeks 3 Month 4 Year -8 Don't Know
symptom_3B220_day *(required)*	273) If time is in days, please specify in how many days? *not more than 6 days, otherwise choose week* *Question relevant when: ${symptom_3B220} =1* *Response constrained to: .>0 and .<7*	
symptom_3B220_week *(required)*	274) If time is in weeks, please specify in how many weeks? *not more than 3 weeks, otherwise choose month* *Question relevant when: ${symptom_3B220} =2* *Response constrained to: .>0 and .<4*	
symptom_3B220_month *(required)*	275) If time is in month, please specify in how many months? *not more than 11 month otherwise choose year* *Question relevant when: ${symptom_3B220} =3* *Response constrained to: .>0 and .<12*	
symptom_3B220_year *(required)*	276) If time is in year, please specify in how many years? *not more than deceased age* *Question relevant when: ${symptom_3B220} =4* *Response constrained to: .< ${Residents_age}*	
symptom_3B230 *(required)*	277) 3B230. Was [deceased_name] unable to carry out daily routine activities due to breathlessness? *Question relevant when: ${symptom_3B180} =1*	1 Yes 2 No -8 Don't know
symptom_3B240 *(required)*	278) 3B240. Was [deceased_name] breathless while lying flat? *Question relevant when: ${symptom_3B180} =1*	1 Yes 2 No -8 Don't know
symptom_3B260 *(required)*	279) 3B260. Did [deceased_name] have noisy breathing (grunting or wheezing)? Demonstrate. *Question relevant when: ${symptom_3B180} =1*	1 Yes 2 No -8 Don't know
symptom_3B270 *(required)*	280) 3B270. Did [deceased_name] have severe chest pain?	1 Yes 2 No -8 Don't know
symptom_3B280 *(required)*	281) 3B280. Did [deceased_name] have diarrhoea?	1 Yes 2 No -8 Don't know
symptom_3B290 *(required)*	282) 3B290. For how long did [deceased_name] have diarrhoea? *Select the unit of time: days, weeks, months, or years* *Question relevant when: ${symptom_3B280} =1*	1 Days 2 Weeks 3 Month 4 Year -8 Don't Know
symptom_3B290_day *(required)*	283) If time is in days, please specify in how many days? *not more than 6 days, otherwise choose week* *Question relevant when: ${symptom_3B290} =1* *Response constrained to: .>0 and .<7*	
symptom_3B290_week *(required)*	284) If time is in weeks, please specify in how many weeks? *not more than 3 weeks, otherwise choose month* *Question relevant when: ${symptom_3B290} =2* *Response constrained to: .>0 and .<4*	
symptom_3B290_month *(required)*	285) If time is in month, please specify in how many months? *not more than 11 month otherwise choose year* *Question relevant when: ${symptom_3B290} =3* *Response constrained to: .>0 and .<12*	

Field	Question	Answer
symptom_3B290_year *(required)*	286) If time is in year, please specify in how many years? *not more than deceased age* *Question relevant when: ${symptom_3B290} =4* *Response constrained to: .< ${Residents_age}*	
symptom_3B300 *(required)*	287) 3B300. At any time during the final illness was there blood in the stools? *Question relevant when: ${symptom_3B280} =1*	1 Yes 2 No -8 Don't know
symptom_3B310 *(required)*	288) 3B310. Did [deceased_name] vomit?	1 Yes 2 No -8 Don't know
symptom_3B320 *(required)*	289) 3B320. Is it a vomit of coffee powder or bright red / blood? *Question relevant when: ${symptom_3B310} =1*	1 Yes 2 No -8 Don't know
symptom_3B330 *(required)*	290) 3B330. Did [deceased_name] have abdominal/stomach problem?	1 Yes 2 No -8 Don't know
symptom_3B340 *(required)*	291) 3B340. Did [deceased_name] have SEVERE abdominal/stomach pain *Question relevant when: ${symptom_3B330} =1*	1 Yes 2 No -8 Don't know
symptom_3B350 *(required)*	292) 3B350. For how long before death did [deceased_name] have severe abdominal/stomach pain? *Select the unit of time: days, weeks, months, or years* *Question relevant when: ${symptom_3B340} =1*	1 Days 2 Weeks 3 Month 4 Year -8 Don't Know
symptom_3B350_day *(required)*	293) If time is in days, please specify in how many days? *not more than 6 days, otherwise choose week* *Question relevant when: ${symptom_3B350} =1* *Response constrained to: .>0 and .<7*	
symptom_3B350_week *(required)*	294) If time is in weeks, please specify in how many weeks? *not more than 3 weeks, otherwise choose month* *Question relevant when: ${symptom_3B350} =2* *Response constrained to: .>0 and .<4*	
symptom_3B350_month *(required)*	295) If time is in month, please specify in how many months? *not more than 11 month otherwise choose year* *Question relevant when: ${symptom_3B350} =3* *Response constrained to: .>0 and .<12*	
symptom_3B350_year *(required)*	296) If time is in year, please specify in how many years? *not more than deceased age* *Question relevant when: ${symptom_3B350} =4* *Response constrained to: .< ${Residents_age}*	
symptom_3B360 *(required)*	297) 3B360. Did [deceased_name] have a more than usual protruding abdomen/stomach? *Question relevant when: ${symptom_3B330} =1 or ${symptom_3B340} =1 or ${symptom_3B340} =2*	1 Yes 2 No -8 Don't know
symptom_3B370 *(required)*	298) 3B370. For how long did [deceased_name] have a more than usual protruding abdomen/stomach? *Select the unit of time: days, weeks, months, or years* *Question relevant when: ${symptom_3B360} =1*	1 Days 2 Weeks 3 Month 4 Year -8 Don't Know
symptom_3B370_day *(required)*	299) If time is in days, please specify in how many days? *not more than 6 days, otherwise choose week* *Question relevant when: ${symptom_3B370} =1* *Response constrained to: .>0 and .<7*	
symptom_3B370_week *(required)*	300) If time is in weeks, please specify in how many weeks? *not more than 3 weeks, otherwise choose month* *Question relevant when: ${symptom_3B370} =2* *Response constrained to: .>0 and .<4*	
symptom_3B370_month *(required)*	301) If time is in month, please specify in how many months? *not more than 11 month otherwise choose year* *Question relevant when: ${symptom_3B370} =3* *Response constrained to: .>0 and .<12*	
symptom_3B370_year *(required)*	302) If time is in year, please specify in how many years? *not more than deceased age* *Question relevant when: ${symptom_3B370} =4* *Response constrained to: .< ${Residents_age}*	
symptom_3B380 *(required)*	303) 3B380. Did [deceased_name] have any lump inside the abdomen/stomach? *Question relevant when: ${symptom_3B360} =1 or ${symptom_3B360} =2*	1 Yes 2 No -8 Don't know
symptom_3B390 *(required)*	304) 3B390. For how long did [deceased_name] have the lump inside the abdomen/stomach? *Select the unit of time: days, weeks, months, or years* *Question relevant when: ${symptom_3B380} =1*	1 Days 2 Weeks 3 Month 4 Year -8 Don't Know
symptom_3B390_day *(required)*	305) If time is in days, please specify in how many days? *not more than 6 days, otherwise choose week* *Question relevant when: ${symptom_3B390} =1* *Response constrained to: .>0 and .<7*	
symptom_3B390_week *(required)*	306) If time is in weeks, please specify in how many weeks? *not more than 3 weeks, otherwise choose month* *Question relevant when: ${symptom_3B390} =2* *Response constrained to: .>0 and .<4*	

Field	Question	Answer
symptom_3B390_month *(required)*	307) If time is in month, please specify in how many months? *not more than 11 month otherwise choose year* *Question relevant when: ${symptom_3B390} =3* *Response constrained to: .>0 and .<12*	
symptom_3B390_year *(required)*	308) If time is in year, please specify in how many years? *not more than deceased age* *Question relevant when: ${symptom_3B390} =4* *Response constrained to: .< ${Residents_age}*	
symptom_3B400 *(required)*	309) 3B400. Did [deceased_name] have a severe headache?	1 Yes 2 No -8 Don't know
symptom_3B405 *(required)*	310) 3B405. Did [deceased_name] have a stiff or painful neck?	1 Yes 2 No -8 Don't know
symptom_3B410 *(required)*	311) 3B410. For how long did [deceased_name] have a stiff or painful neck? *Select the unit of time: days, weeks, months, or years* *Question relevant when: ${symptom_3B405} =1*	1 Days 2 Weeks 3 Month 4 Year -8 Don't Know
symptom_3B410_day *(required)*	312) If time is in days, please specify in how many days? *not more than 6 days, otherwise choose week* *Question relevant when: ${symptom_3B410} =1* *Response constrained to: .>0 and .<7*	
symptom_3B410_week *(required)*	313) If time is in weeks, please specify in how many weeks? *not more than 3 weeks, otherwise choose month* *Question relevant when: ${symptom_3B410} =2* *Response constrained to: .>0 and .<4*	
symptom_3B410_month *(required)*	314) If time is in month, please specify in how many months? *not more than 11 month otherwise choose year* *Question relevant when: ${symptom_3B410} =3* *Response constrained to: .>0 and .<12*	
symptom_3B410_year *(required)*	315) If time is in year, please specify in how many years? *not more than deceased age* *Question relevant when: ${symptom_3B410} =4* *Response constrained to: .< ${Residents_age}*	
symptom_3B420 *(required)*	316) 3B420. Did [deceased_name] have mental confusion?	1 Yes 2 No -8 Don't know
symptom_3B430 *(required)*	317) 3B430. For how long did [deceased_name] have mental confusion? *Select the unit of time: days, weeks, months, or years* *Question relevant when: ${symptom_3B420} =1*	1 Days 2 Weeks 3 Month 4 Year -8 Don't Know
symptom_3B430_day *(required)*	318) If time is in days, please specify in how many days? *not more than 6 days, otherwise choose week* *Question relevant when: ${symptom_3B430} =1* *Response constrained to: .>0 and .<7*	
symptom_3B430_week *(required)*	319) If time is in weeks, please specify in how many weeks? *not more than 3 weeks, otherwise choose month* *Question relevant when: ${symptom_3B430} =2* *Response constrained to: .>0 and .<4*	
symptom_3B430_month *(required)*	320) If time is in month, please specify in how many months? *not more than 11 month otherwise choose year* *Question relevant when: ${symptom_3B430} =3* *Response constrained to: .>0 and .<12*	
symptom_3B430_year *(required)*	321) If time is in year, please specify in how many years? *not more than deceased age* *Question relevant when: ${symptom_3B430} =4* *Response constrained to: .< ${Residents_age}*	
symptom_3B440 *(required)*	322) 3B440. Was [deceased_name] unconscious for more than 24 hours?	1 Yes 2 No -8 Don't know
symptom_3B450 *(required)*	323) 3B450. Did the unconscious start suddenly, quickly (at least within a single day)? *Question relevant when: ${symptom_3B440} =1*	1 Yes 2 No -8 Don't know
symptom_3B460 *(required)*	324) 3B460. Did [deceased_name] have convulsions?	1 Yes 2 No -8 Don't know
symptom_3B470 *(required)*	325) 3B470. For how long did [deceased_name] convulsions? (Minutes) *If do not know how long the convulsions were, enter -9* *Question relevant when: ${symptom_3B460} =1*	
symptom_3B480 *(required)*	326) 3B480. Did [deceased_name] became unconscious immediately after the convulsion? *Question relevant when: ${symptom_3B460} =1*	1 Yes 2 No -8 Don't know
symptom_3B490 *(required)*	327) 3B490. Did [deceased_name] have any urine problem?	1 Yes 2 No -8 Don't know
symptom_3B500 *(required)*	328) 3B500. Did [deceased_name] pass no urine at all? *Question relevant when: ${symptom_3B490} =1*	1 Yes 2 No -8 Don't know

Field	Question	Answer
symptom_3B510 *(required)*	329) 3B510. Did [deceased_name] go to urinate more than usual? *Question relevant when: ${symptom_3B490} =1*	1 Yes 2 No -8 Don't know
symptom_3B520 *(required)*	330) 3B520. During the final illness did [deceased_name] ever pass blood in the urine? *Question relevant when: ${symptom_3B490} =1*	1 Yes 2 No -8 Don't know
symptom_3B530 *(required)*	331) 3B530. Did [deceased_name] have any skin problem?	1 Yes 2 No -8 Don't know
symptom_3B540 *(required)*	332) 3B540. Did [deceased_name] have any ulcers, abscess or sores anywhere except on the feet? *Question relevant when: ${symptom_3B530} =1*	1 Yes 2 No -8 Don't know
symptom_3B550 *(required)*	333) 3B550. Did [deceased_name] have any ulcers, abscess or sores on the feet that were not also on other parts of the body? *Question relevant when: ${symptom_3B530} =1*	1 Yes 2 No -8 Don't know
symptom_3B560 *(required)*	334) 3B560. During the illness that led to death, did [deceased_name] have any skin rash? *Question relevant when: ${symptom_3B530} =1*	1 Yes 2 No -8 Don't know
symptom_3B570 *(required)*	335) 3B570. For how long did [deceased_name] have the skin rash *Select the unit of time: days, weeks, months, or years* *Question relevant when: ${symptom_3B560} =1*	1 Days 2 Weeks 3 Month 4 Year -8 Don't Know
symptom_3B570_day *(required)*	336) If time is in days, please specify in how many days? *not more than 6 days, otherwise choose week* *Question relevant when: ${symptom_3B570} =1* *Response constrained to: .>0 and .<7*	
symptom_3B570_week *(required)*	337) If time is in weeks, please specify in how many weeks? *not more than 3 weeks, otherwise choose month* *Question relevant when: ${symptom_3B570} =2* *Response constrained to: .>0 and .<4*	
symptom_3B570_month *(required)*	338) If time is in month, please specify in how many months? *not more than 11 month otherwise choose year* *Question relevant when: ${symptom_3B570} =3* *Response constrained to: .>0 and .<12*	
symptom_3B570_year *(required)*	339) If time is in year, please specify in how many years? *not more than deceased age* *Question relevant when: ${symptom_3B570} =4* *Response constrained to: .< ${Residents_age}*	
symptom_3B580 *(required)*	340) 3B580. Did [deceased_name] have measles rash? *Question relevant when: ${symptom_3B530} =1*	1 Yes 2 No -8 Don't know
symptom_3B590 *(required)*	341) 3B590. Did [deceased_name] ever have shingles/herpes zoster *Question relevant when: ${symptom_3B530} =1*	1 Yes 2 No -8 Don't know
symptom_3B600 *(required)*	342) 3B600. Did [deceased_name] have bleeding from the nose, mouth, or anus?	1 Yes 2 No -8 Don't know
symptom_3B610 *(required)*	343) 3B610. Did [deceased_name] have noticeable weight loss	1 Yes 2 No -8 Don't know
symptom_3B620 *(required)*	344) 3B620. Was [deceased_name] severely thin ? *Question relevant when: ${symptom_3B610} =1*	1 Yes 2 No -8 Don't know
symptom_3B630 *(required)*	345) 3B630. Did [deceased_name] have mouth sores or white patches in the mouth or in the tounge?	1 Yes 2 No -8 Don't know
symptom_3B640 *(required)*	346) 3B640. Did [deceased_name] have stiffness of the whole body or was unable to open the mouth?	1 Yes 2 No -8 Don't know
symptom_3B650 *(required)*	347) 3B650. Did [deceased_name] have swelling (puffiness) of the face?	1 Yes 2 No -8 Don't know
symptom_3B660 *(required)*	348) 3B660. Did [deceased_name] have both feet swollen?	1 Yes 2 No -8 Don't know
symptom_3B670 *(required)*	349) 3B670. Did [deceased_name] have any lumps ?	1 Yes 2 No -8 Don't know
symptom_3B680 *(required)*	350) 3B680. Did [deceased_name] have a lumps or lesions in the mouth? *Question relevant when: ${symptom_3B670} =1*	1 Yes 2 No -8 Don't know
symptom_3B690 *(required)*	351) 3B690. Did [deceased_name] have any lumps on the neck? *Question relevant when: ${symptom_3B670} =1*	1 Yes 2 No -8 Don't know
symptom_3B700 *(required)*	352) 3B700. Did [deceased_name] have any lumps on the armpit	1 Yes

Field	Question	Answer
	Question relevant when: ${symptom_3B670} =1	2 No -8 Don't know
symptom_3B710 *(required)*	353) 3B710. Did [deceased_name] have any lumps on the groin *Question relevant when: ${symptom_3B670} =1*	1 Yes 2 No -8 Don't know
form > 55) Only for consenting respondent > 248) SECTION 9. SYMPTOMS NOTED DURING THE FINAL ILLNESS > section9_1		
symptom_3B730 *(required)*	354) 3B730. Did [deceased_name] have paralysis of one side of the body?	1 Yes 2 No -8 Don't know
symptom_3B740 *(required)*	355) 3B740. Did [deceased_name] have difficulty or pain while swallowing liquids?	1 Yes 2 No -8 Don't know
symptom_3B750 *(required)*	356) 3B750. Did [deceased_name] yellow discoloration of the eyes	1 Yes 2 No -8 Don't know
symptom_3B760 *(required)*	357) 3B760. Did [deceased_name] his hair colour change to reddish or yellowish	1 Yes 2 No -8 Don't know
symptom_3B770 *(required)*	358) 3B770. Did [deceased_name] look pale (thinning/lack of blood) or have pale palms eyes or nail beds?	1 Yes 2 No -8 Don't know
symptom_3B780 *(required)*	359) 3B780. Did [deceased_name] have sunken eyes?	1 Yes 2 No -8 Don't know
symptom_3B790 *(required)*	360) 3B790. Did [deceased_name] drink a lot more water than usual?	1 Yes 2 No -8 Don't know
acknowledge_section10 *(required)*	361) SECTION 10. TREATMENT AND HEALTH SERVIC USE FOR THE FINAL ILLNESS *Question relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*	
form > 55) Only for consenting respondent > 362) SECTION 10. TREATMENT AND HEALTH SERVIC USE FOR THE FINAL ILLNESS *Group relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*		
treatment_3G100 *(required)*	 363) 3G100. Was [deceased_name] adequately vaccinated? *Show photograph*	1 Yes 2 No -8 Don't know
treatment_3G110 *(required)*	364) 3G110. Did [deceased_name] receive any treatment for the illness that led to death?	1 Yes 2 No -8 Don't know
treatment_3G120 *(required)*	 365) 3G120. Did [deceased_name] receive oral rehydration salts? *Show photograph*	1 Yes 2 No -8 Don't know
treatment_3G130 *(required)*	 366) 3G130. Did [deceased_name] receive (or needed) intravenous fluids (drip) treatment? *Show photograph*	1 Yes 2 No -8 Don't know
treatment_3G140 *(required)*	367) 3G140. Did [deceased_name] receive (or needed) a blood transfusion?	1 Yes 2 No -8 Don't know
treatment_3G150 *(required)*	 368) 3G150. Did [deceased_name] receive (or needed) treatment/food through a tube passed through the nose? *Show photograph*	1 Yes 2 No -8 Don't know
treatment_3G160 *(required)*	369) 3G160. Did [deceased_name] receive (or needed) injectable (IV or IM) antibiotics?	1 Yes 2 No -8 Don't know
treatment_3G170 *(required)*	370) 3G170. Did [deceased_name] have (or needed) an operation for the illness?	1 Yes 2 No -8 Don't know
treatment_3G180 *(required)*	371) 3G180. Did [deceased_name] have the operation within 1 month before ?	1 Yes 2 No -8 Don't know
treatment_3G190 *(required)*	372) 3G190. Was [deceased_name] discharged from the hospital very ill?	1 Yes 2 No -8 Don't know
acknowledge_section11 *(required)*	373) SECTION 11. RISK FACTORS *Question relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*	
form > 55) Only for consenting respondent > 374) SECTION 11. RISK FACTORS *Group relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*		
riskfactors_3F100 *(required)*	375) Did [deceased_name] drink alcohol? *Select this if the person who died was a regular and sometimes excessive drinker of alcohol up to the time of the final illness.*	1 Yes 2 No -8 Don't know
riskfactors_3F110 *(required)*	376) Did [deceased_name] smoke tobacco. (cigarette, cigar, pipe, etc.)? *Select this if the person who died was a regular smoker up to the time of the final illness. (make sure you ask for cigarette, cigar, pipe, etc.)*	1 Yes 2 No -8 Don't know
acknowledge_section12 *(required)*	377) SECTION 12. BACKGROUND *Question relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*	
form > 55) Only for consenting respondent > 378) SECTION 12. BACKGROUND		

Field	Question	Answer
	Group relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1	
background_4A100 *(required)*	379) 4A100. In the final days before death, did [deceased_name] travel to a hospital or health facility?	1 Yes 2 No -8 Don't know
background_4A110 *(required)*	380) 4A110. Did [deceased_name] use motorised transport to get to the hospital or health facility? *Question relevant when: ${background_4A100} =1 or ${background_4A100} =-8*	1 Yes 2 No -8 Don't know
background_4A120 *(required)*	381) 4A120. Were there any problems during admission to the hospital or heatlh facility? *Question relevant when: ${background_4A100} =1 or ${background_4A100} =-8*	1 Yes 2 No -8 Don't know
background_4A130 *(required)*	382) 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? *Question relevant when: ${background_4A100} =1 or ${background_4A100} =-8*	1 Yes 2 No -8 Don't know
background_4A140 *(required)*	383) 4A140. Were there any problems getting medications or diagnostic tests in the hospital or health facility? *Question relevant when: ${background_4A100} =1 or ${background_4A100} =-8*	1 Yes 2 No -8 Don't know
form > 55) Only for consenting respondent > 378) SECTION 12. BACKGROUND > section12_1		
background_4A150 *(required)*	384) 4A150. Does it take more than 2 hours to get to the nearest hospital or health facility from the [deceased_name]'s household?	1 Yes 2 No -8 Don't know
background_4A160 *(required)*	385) 4A160. In the final days before death, were there any doubts whether medical care was needed?	1 Yes 2 No -8 Don't know
background_4A170 *(required)*	386) 4A170. In the final days before death, was traditional medicine used?	1 Yes 2 No -8 Don't know
background_4A180 *(required)*	387) 4A180. In the final days before death, did anyone use a telephone or cell phone to call for help?	1 Yes 2 No -8 Don't know
background_4A190 *(required)*	388) 4A190. Over the course of illness, did the total costs of care and treatment prohibit other household payments?	1 Yes 2 No -8 Don't know
acknowledge_observation *(required)*	389) Observation *Question relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*	
form > 55) Only for consenting respondent > 390) Observation *Group relevant when: ${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1*		
interview_language *(required)*	391) What was the main language in which the interview was conducted?	1 Bahasa Malaysia 2 Chinese 3 Tamil 4 English 5 Other
knowing_deceased *(required)*	392) Do you, the data collector, know if the person who passed away was a SEACO participant?	1 Definitely, yes 2 Probably, yes 3 Do not know 4 Probably, no 5 Definitely, no
ID_Recorder *(required)*	393) Enter the ID Recorder used in this interview? *Please make sure you have turned off the recorder.* *Question relevant when: ${consent_record} =1 and 0*	
recorder_file *(required)*	394) Enter the name of file recorder you saved in recorder for this interview *Question relevant when: ${consent_record} =1*	
interview_language_other	396) If other, please specify. *Question relevant when: ${interview_language} =5*	
media1 *(required)*	278.1)Do you have Facebook or Instagram?	1 Yes 2 No
form > 55) Only for consenting respondent > SOCIAL MEDIA *Group relevant when: ${media1} =1*		
QR_1	 278.1a) Facebook: Seaco.Asia	
QR_2	 278.1b) Instagram: seaco.monash	
form > 55) Only for consenting respondent > Item Checklist		
checklist0	**Checklist for Equipment** *Please put the items and project items back into the SEACO bag after use.*	
checklist6 *(required)*	• Audio Recorder	1 Irrelevant 2 Available 3 Others
checklist9 *(required)*	• Letters of Support and Supporting Documents	1 Irrelevant 2 Available 3 Others
checklist10 *(required)*	• SEACO ID card	1 Irrelevant 2 Available 3 Others
checklist14 *(required)*	• Vest	1 Irrelevant 2 Available 3 Others

Field	Question	Answer
form > 55) Only for consenting respondent > Item Checklist		
checklist6_others *(required)*	• Audio Recorder (others) *Question relevant when: selected(${checklist6} , 3)*	
checklist9_others *(required)*	• Support Letter (others) *Question relevant when: selected(${checklist9} , 3)*	
checklist10_others *(required)*	• Identity Card (others) *Question relevant when: selected(${checklist10} , 3)*	
checklist14_others *(required)*	• Vest (others) *Question relevant when: selected(${checklist14} , 3)*	
category *(required)*	396) Category of field note: *Response constrained to: not(selected(.,-9) and count-selected(.)>1)*	1 Health and medicine 2 Household information 3 No respond/feedback 4 Technical 5 Respondent's feedback 6 Academic achievement 7 Communication 9 Respondent's complaint -8 Others
form > resonCat		
categoryReason1 *(required)*	397) Health and medicine *Question relevant when: selected(${category} , 1)*	1 Responden/ isi rumah mengha masalah kesihatan/ uzur. 2 Responden/ isi rumah merupa (pekak/ bisu/ kabur penglihata mental/ lumpuh/ masalah pem masalah pendengaran/ syndro 3 Sawan -8 Others
categoryReason2 *(required)*	398) Household information *Question relevant when: selected(${category} , 2)*	1 Nombor IC/ tarikh lahir isi rum lengkap. 2 Kad pengenalan (IC/ MyKid) t ketua rumah/ bersama wakil is (ibu/ bapa) yang simpan. 3 Responden lelaki tetapi hujun bernombor genap/ perempuar hujung nombor IC bernombor 4 Lupa nombor ic/ mykid isi rum -8 Others
categoryReason3 *(required)*	399) No respond/feedback *Question relevant when: selected(${category} , 3)*	1 Rumah dalam pembinaan/ pengubahsuaian/ roboh/ usan 2 Rumah adalah homestay/ rum tumpangan/ rumah kebajikan/ sembahyang/ pejabat/ rumah lain-lain fungsi rumah. 3 Kediaman tidak berpenghuni. 4 Pintu terbuka/ tingkap/ TV terb tiada penghuni yang keluar. 5 Ibu bapa/ penjaga tiada di rum 6 Responden pulang ke rumah sekali. 7 Responden cuti/ kerja/ berada tidak menentu/ jarang/ susah 8 Responden telah berpindah. 9 Responden hanya ada di rum malam. -8 Others
categoryReason4 *(required)*	400) Technical *Question relevant when: selected(${category} , 4)*	1 IC Scanner tidak berfungsi. 2 Barkod gagal di scan kerana k terlindung dengan contengan/ terlalu tinggi/ hilang/ tidak dap -8 Others
categoryReason5 *(required)*	401) Respondent's feedback *Question relevant when: selected(${category} , 5)*	1 Responden memberikan kerja dengan baik. 2 Responden sibuk dan tiada m 3 Responden tidak berminat un 4 Anak/ ibu bapa/ suami/ penja memberi kebenaran. 5 Responden menjawab soalan cepat/ sambil lewa (nak atau 6 Responden enggan berkongs gaji. 7 Ragu-ragu untuk memberikan 8 Tidak menetap di rumah (han waktu tertentu sahaja akan ad 9 Responden tinggal seorang d 10 Responden (polis) beritahu su kebenaran tidak valid.

Field	Question	Answer	
		11	Responden tidak selesa berk kerohanian/keagamaan.
		12	Kurang percaya kerana ada k memakai vest datang ke rum check gas/ buat perkara men
		-8	Others
categoryReason6 *(required)*	402) Academic achievement *Question relevant when: selected(${category} , 6)*	2	Responden bersekolah di sek persendirian.
		3	Responden bersekolah di sek Malaysia (cth Indonesia, Myar Vietnam, Singapura) tahap pe pendidikan sekolah.
		-8	Others
categoryReason7 *(required)*	403) Communication *Question relevant when: selected(${category} , 7)*	1	Responden tidak/ kurang faha Bahasa Melayu.
		2	Responden terlalu berusia/ tid bersekolah dan tidak faham s
		-8	Others
categoryReason9 *(required)*	404) Respondent's complaint *Question relevant when: selected(${category} , 9)*	1	Responden marah dan minta datang lagi.
		2	Soalan terlalu banyak dan me yang lama.
		3	SEACO selalu datang.
		4	Meghalau DC.
		5	Tiada apa-apa manfaat rspon dapat.
		-8	Others
field_notes *(required)*	413) Field notes *Please use CAPITAL LETTER* *Question relevant when: selected(${category} , -8)* *Response constrained to: regex(., '^\s*[A-Z0-9*/@\s]+\s*$')*		
form > resonCatOther			
categoryReasonOther1 *(required)*	405) Health and medicine *Question relevant when: selected(${categoryReason1} , -8)*		
categoryReasonOther2 *(required)*	406) Household information *Question relevant when: selected(${categoryReason2} , -8)*		
categoryReasonOther3 *(required)*	407) No respond/feedback *Question relevant when: selected(${categoryReason3} , -8)*		
categoryReasonOther4 *(required)*	408) Technical *Question relevant when: selected(${categoryReason4} , -8)*		
categoryReasonOther5 *(required)*	409) Respondent's feedback *Question relevant when: selected(${categoryReason5} , -8)*		
categoryReasonOther6 *(required)*	410) Academic achievement *Question relevant when: selected(${categoryReason6} , -8)*		
categoryReasonOther7 *(required)*	411) Communication *Question relevant when: selected(${categoryReason7} , -8)*		
categoryReasonOther9 *(required)*	412) Respondent's complaint *Question relevant when: selected(${categoryReason9} , -8)*		
address_summaryKey	414) Please enter the address of the [deceased_name]. *Please use all CAPITAL LETTER to answer this question* *Question relevant when: not(${barcode_07} =1 or ${status_visit02} =1 or ${status_visit03} =1) or not(${signed} =1)* *Response constrained to: regex(., '^\s*[A-Z0-9*/@\s]+\s*$')*		
address_summary	415) Respondent's address		
trigger_5 *(required)*	416) 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 *Question relevant when: ${barcode_07} =1 or ${barcode_07} =2 or ${status_visit02} =1 or ${status_visit03} =1 or ${barcode_07} =3 or ${barcode_07} =4*		