

SAVVY

SAMPLE VITAL REGISTRATION WITH VERBAL AUTOPSY 2010-2012

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vii	List of Abbreviations
ix	Acknowledgement
xi	Executive Summary
1	Chapter 1: Introduction
1	1.1 Overview and Objectives
1	1.1.2 Objectives
1	1.2 Methodology
1	1.2.1 Sample Design
2	1.2.1.1 Stratification
2	1.2.1.2 Sample Size and Allocation
2	1.2.1.3 Selection of Sample CSAs
2	1.2.1.4 SAVVY Sample
2	1.3 Preparatory Activities for SAVVY Implementation
3	1.3.1 Area Identification
3	1.3.2 Publicity
3	1.4 Fieldwork and Data Collection
3	1.4.1 Baseline Census
3	1.4.2 Verbal Autopsy
3	1.4.3 Data Collection Tools and Strategy
3	1.5 Cause of Death Certification and ICD Coding
4	1.6 Data Analysis
5	Chapter 2: Demographic and Socio-Economic Characteristics
5	2.0 Introduction
5	2.1 Characteristics of the Population
5	2.2 Characteristics of the Deceased
7	Chapter 3: Place of Death and Causes of Death
7	3.0 Introduction
7	3.1 Place of Death
7	3.1.1 Place of Death by Rural/Urban
7	3.1.2 Place of Death by Sex
7	3.1.3 Place of Death by Age
7	3.1.4 Place of Death by Province
8	3.2 Underlying Causes of Death in Zambia
8	3.2.1 All Deaths
8	3.2.2 Male Deaths
8	3.2.3 Female Deaths
8	3.2.4 Rural Deaths
9	3.2.5 Urban Deaths
9	3.2.6 Under Five Deaths
9	3.2.7 Still Births
9	3.2.8 Deaths Among 5-14 Year Old
10	3.3 Deaths Among 15 Years and Older

11	Chapter 4: Burden of Disease and Mortality for Selected Causes
11	4.0 Introduction
11	4.1 HIV-Related Deaths
11	4.1.2 HIV related deaths by Place of Death, Age, Treatment Seeking and Causes of HIV-Related Deaths
11	4.1.1 Contribution of HIV and AIDS to all Deaths Causes
12	4.1.3 Health Service use in the Period Leading to Death due to HIV
12	4.1.4 Leading Causes of Death for which Presence of HIV was Mentioned on the Death Certificates as Contributory Condition
12	4.2. Malaria
12	4.2.1 Malaria-Related Deaths
13	4.2.2 Malaria Related Deaths by Place of Death, Treatment Seeking and Specific Causes of Malaria Deaths in Zambia
13	4.2.3 Health Service use in the Period Leading to Death due to Malaria
14	4.3.1 Injury and Accidental Deaths by Place of Death, Age, Sex, Treatment and Specific Causes
14	4.3 Injury and Accidental Deaths
15	4.3.2 Health Service use in the Period Leading to Death due to Injuries and Accidents
15	4.4 Maternal Mortality
15	4.4.1 Distribution of Maternal and Non-Maternal Deaths, by Selected Characteristics
16	4.4.2 Maternal Mortality Rate
16	4.4.3 Causes of Maternal Deaths
16	4.4.4 Health Service use among Women who received treatment in the Period Leading to Death from Maternal Causes
17	Chapter 5: Health Service Use in the Period Leading to Death
17	5.0. Introduction
17	5.1. Treatment received during illness
20	Appendix
23	References

5	Table 2.1: Demographic and Socio-Economic Characteristics of the Study Population and the Deceased Persons, Zambia 2010-2012
7	Table 3.1: Percentage Distribution of Deceased Persons by Place of Death and Rural/Urban, Zambia, 2010-2012
7	Table 3.2: Percentage Distribution of Deceased Persons by Sex and Place of Death, Zambia, 2010-2012
7	Table 3.3: Percentage Distribution of Deceased Population by Age Group and Place of Death, Zambia, 2010-2012
8	Table 3.4: Percentage Distribution of Deceased Persons by Place of Death and Province, Zambia, 2010-2012
9	Table 3.5: Causes of Stillbirths in Zambia 2010-2012
11	Table 4.1: Proportion of HIV-Related Deaths (Weighted Data), Zambia 2010-2012
11	Table 4.2: Place of Death, Age distribution, treatment seeking and specific causes of HIV-related Deaths, by Sex, Zambia 2010-2012.
13	Table 4.3: Proportion of Malaria-Related Deaths (Weighted Data), Zambia 2010-2012
13	Table 4.4: Malaria related deaths by Place of Death, Age, Sex, Treatment and specific causes of malaria, Zambia, 2010-2012
14	Table 4.5: Proportion of Deaths due to Injuries and Accidents (Weighted Data) by Sex, Rural/Urban and Age Group, Zambia 2010 - 2012
14	Table 4.6: Percentage Distribution of Injury and Accidental deaths by Place of Death, Age, Sex, Treatment and Specific causes of Injury and Accidental deaths, Zambia 2010-2012
15	Table 4.7: Distribution of Maternal and Non-maternal Deaths, by selected characteristics for women aged 15-49 years, Zambia 2010-2012
16	Table 4.8: Maternal Mortality Rate per 100,000 Women aged 15-49 years (Weighted), Zambia 2010-2012.
17	Table 5.1: Treatment Received During Illness that led to Death by Sex, Zambia 2010-2012
17	Table 5.2: Treatment Received during illness that led to death by Rural/Urban, Zambia 2010-2012
17	Table 5.3: Treatment Received during illness that led to death by Place of Death, Zambia 2010-2012
17	Table 5.4: Treatment Received during illness that led to death by Age Group, Zambia 2010-2012
20	Table 1.1: Immediate Causes of Death Determined from First Entry in the Death Certificate - Deaths to Children Aged 0-4 years
20	Table 1.2: Immediate Causes of Death Determined from First Entry in the Death Certificate - Death to Children Aged 5-14 years
21	Table 1.3: Immediate Causes of Death Determined from First Entry in the Death Certificate - Adult Deaths 15+ years

5	Figure 2.1: Percentage of Population Aged 12 Years and Older by Employment Status, Zambia 2010-2012
6	Figure 2.2: Percentage of Deceased persons (Aged 12 Years and Older) by Occupation Status, Zambia 2010-2012
6	Figure 2.3: Population Distribution of Population by Age Group and Sex, Zambia 2010-2012
6	Figure 2.4: Percent Distribution of Deaths by Age Group and Sex, Zambia 2010-2012
8	Figure 3.1: Percentage Distribution of Leading Causes of Death (Top 15), Zambia 2010-2012
8	Figure 3.2: Percentage Distribution of Leading Causes of Death (Top 15 among Males, Zambia 2010-2012
8	Figure 3.3: Percentage Distribution of Leading Causes of Death (Top 15) among Females, Zambia 2010-2012
8	Figure 3.4: Percentage Distribution of Leading Causes of Death (Top 15) in Rural Areas, Zambia 2010-2012
9	Figure 3.5: Percentage Distribution of Leading Causes of Death (Top 15) in Urban Areas, Zambia 2010-2012
9	Figure 3.6: Top 15 Leading Causes of Death among Children Aged 0-4 Years, Zambia 2010-2012
9	Figure 3.7: Percentage Distribution of Leading Causes of Death (Top 15) among Children Aged 5-14 Years, Zambia 2010-2012
10	Figure 3.8: Percentage Distribution of Leading Causes of Death (Top 15) among Adults Aged 15 Years and Older, Zambia 2010-2012
12	Figure 4.1: Percentage Distribution of Health service use among individuals who sought treatment in the period leading to death from HIV-related causes by Sex and Type of Facility Visited, Zambia 2010-2012
12	Figure 4.2: Percentage Distribution of Leading causes of Death for which presence of HIV was mentioned on the death certificates as contributory condition, Zambia 2010 – 2012.
14	Figure 4.3: Percentage Distribution of Health service use among individuals who sought treatment in the period leading to death from malaria-related causes by Type of Facility visited, Zambia 2010-2012
15	Figure 4.4: Percentage Distribution of Health service use among individuals who sought treatment in the period leading to death from Injuries and Accidents by Type of Institution Visited, Zambia 2010-2012
16	Figure 4.5: Percent Distribution of Causes of Maternal Deaths among Women aged 15-49 years, Zambia 2010-2012
16	Figure 4.6: Percent Distribution of Health service use among women who received treatment in the period leading to death from maternal causes by type of facility visited, Zambia 2010-2012
18	Figure 5.1: Percentage Distribution of Health Service Use among Individuals who Sought Treatment in the Period Leading to Death - all causes (Weighted data), Zambia Rural 2010-2012
18	Figure 5.2: Percentage Distribution of Health service use among individuals who sought treatment in the period leading to death - all causes (Weighted data), Zambia Urban 2010-2012

List of Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Antenatal Care
CDC	Centers for Disease Control and Prevention
COD	Cause of Death
CSO	Central Statistical Office
CSAs	Census Supervisory Areas
DNRPC	Department of National Registration, Passports and Citizenship
GPS	Global Positioning System
HIV	Human Immunodeficiency Virus
ICD	International Classification of Disease
IMR	Infant Mortality Rate
IPT	Intermittent Presumptive Treatment
ITNs	Insecticide Treated Nets
ISCO	International Standard Classification of Occupations
KIs	Key Informants
MDGs	Millennium Development Goals
MMRate	Maternal Mortality Rate
MMR	Maternal Mortality Ratio
NMCC	National Malaria Control Centre
PDA	Personal Digital Assistant
PMTCT	Prevention of Mother to Child Transmission
PSUs	Primary Sampling Units
SAVVY	Sample Vital Registration with Verbal Autopsy
SEAs	Standard Enumeration Areas
SMAGs	Safe Motherhood Action Groups
USAID	United States Agency for International Development
USA	United States of America
VAIs	Verbal Autopsy Interviewers
WHO	World Health Organisation
ZDHS	Zambia Demographic and Health Survey

Acknowledgement

Zambia conducted the Sample Vital Registration with Verbal Autopsy (SAVVY) from 2010-2012. The SAVVY undertaking provided an opportunity to supplement Zambia's vital registration system, as well as provide key vital information on births, deaths and causes of death. This is against a background of a weakened national civil registration system over the years.

This survey benefitted greatly from the unwavering financial assistance of the United States Government (USG). I wish therefore, to thank the American people for their generosity in making available the funds for this survey undertaking. I acknowledge the Centers for Disease Control and Prevention (CDC) both in Zambia and Atlanta for the administrative and technical support rendered to CSO in the survey operations. I wish to also thank the Government of the Republic of Zambia (GRZ) for supplementing the cooperating partner's funds on various aspects of the survey.

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I wish to commend the World Health Organisation (WHO) for making available standard instruments which guided the survey methodology and implementation. I would also like to extend my gratitude to Ministry of Health (MOH) personnel at national, provincial, district

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Executive Summary

Sample Vital Registration with Verbal Autopsy (SAVVY) was first commissioned as a pilot in order to test the feasibility of using a World Health Organisation (WHO) standard methodology for SAVVY to report leading causes of death in Zambia. The pilot SAVVY was conducted in four provinces namely; Central, Luapula, Lusaka and Southern. After the pilot, SAVVY was rolled out to all the nine provinces in selected areas for the period 2010 to 2012.

The SAVVY undertaking provided an opportunity to supplement Zambia's vital registration system, as well as provide key vital information on births, deaths and causes of death. SAVVY was initiated in Zambia in response to the lack of a fully-functioning civil registration system and the growing need for accurate and reliable vital statistics and mortality indicators at various levels (national, provincial, rural and urban). The main objective of SAVVY was to provide nationally representative estimates of age and sex cause-specific mortality fractions in Zambia.

A stratified one-stage sample of segments was selected for the SAVVY. The target population size for the segments was about 1,200 for rural areas and 1,800 for urban areas. The proposed sample population was therefore 109,200. This represented a sample of 76 Census Supervisory Areas (CSAs).

Results of the SAVVY indicate that of the 76,226 respondents, 48.8 percent were males and 51.2 percent

were females. Adults aged 15 years and older accounted for 53.8 percent of the population.

The total number of deaths reported was 2,759. Of these 53.4 percent were males while 46.5 percent were females. There were more deaths in rural areas at 67.4 percent compared to 32.6 percent in urban areas. Overall, 48.0 percent of the deceased, died at home while 34.9 percent died at a hospital. In rural areas, more than half of the deaths occurred at home (56.1 percent) while in urban areas more than half of the deaths occurred in a hospital (53.0 percent).

In the time before death most (75.3 percent) received medical treatment. The majority of persons (62.8 percent) who did not receive treatment for the illness that led to death died at home.

Of the total deaths reported, Human Immuno-deficiency Virus (HIV) was the major cause of death at 20.3 percent. Among males 19.3 percent of deaths were due to HIV where as for females it was 21.5 percent.

Malaria was the major cause of death among children aged 0-4 years and 5-14 years at 17.6 and 39.3 percent, respectively. Human Immuno-deficiency Virus was the major cause of death among adults aged 15 years and older at 28.4 percent.

Chapter 1: Introduction

1.1 Overview and Objectives

Civil registration was introduced in Zambia in 1969 and regulatory framework exists through the birth and death registration act CAP 51 of the Laws of Zambia. However, the system of civil registration is weak, fragmented and is characterized by weak linkages between the lead institution (DNRPC) and other stakeholder institutions. Consequently, the existing system does not generate usable vital statistics to inform health policy. Sample Vital Registration with Verbal Autopsy (SAVVY) was initiated in Zambia in response to the lack of a fully-functioning civil registration system and the growing need for accurate and reliable vital statistics and mortality indicators at various levels (national, provincial, urban and rural).

Information on mortality is collected by health facilities throughout Zambia. However, this system does not collect data on deaths occurring at home, which are considered to represent a substantial proportion of deaths in the country. These home deaths are unlikely to be registered for certification, especially in rural areas. Mortality data is also provided through household-based exercises like the Zambia Demographic and Health Surveys (1991, 1996, 2001/2 and 2007) and Censuses (1969, 1980, 1990, 2000 and 2010). Mortality data from these sources do not provide data on cause-specific mortality. Therefore, mortality estimates have not been sufficient for setting health sector priorities or for assessing program progress and impact. The recent Census of Population and Housing (2010) made an attempt to provide cause-specific mortality data by including questions on causes of deaths occurring in the households 12 months prior to the census.

Sample Vital Registration with Verbal Autopsy (SAVVY) was commissioned first as a pilot in order to test the feasibility of using a World Health Organisation (WHO) standard methodology for SAVVY to report leading causes of death in Zambia. This report presents the findings of the Pilot and the full scale survey which was conducted in all selected areas in nine provinces. SAVVY was implemented by the Central Statistical Office in collaboration with the Ministry of Health. Funds for SAVVY undertaking were mainly provided by the US Government through CDC-Zambia and supplemented by the Government of the Republic of Zambia. MEASURE Evaluation through the Futures Group of the USA provided technical assistance to the survey.

The main objective of SAVVY was to provide nationally representative estimates of age and sex cause-specific mortality fractions in Zambia. Overall, it was expected that the information generated by the SAVVY system

would help inform decision making among programme managers and policy makers. This would lead to evidence-based planning and priority setting in the provision of health services and in the development of health interventions.

1.1.2 Objectives

The overall objective of the SAVVY is to produce annual nationally representative estimates of vital statistics and mortality by cause of death. It is also aimed at providing reliable estimates of annual trends in the mortality rates and other indicators, through a longitudinal approach to data collection in sample areas.

Short Term Objectives

- *To collect detailed, accurate and timely data on births and deaths at national level;*
- *To collect data for monitoring national health interventions at national level; and*
- *To sensitize and create awareness of the availability and importance of vital statistics data to planners and policy makers.*

Long Term Objectives

- *To support and strengthen the reporting, recording, compilation, analyses and dissemination of vital statistics in Zambia;*
- *To enhance capacity in the collection, compilation, analysis and interpretation of births and mortality surveillance data among staff in key institutions; and*
- *To contribute to the development of an effective and efficient national system of vital registration.*

1.2 Methodology

The sample for the SAVVY was designed based on the overall project objectives, taking into account statistical efficiency, as well as considerations of the resource and operational constraints.

1.2.1 Sample Design

The Census of Population and Housing of Zambia conducted in 2000 provided the sampling frame for selecting a nationally-representative sample of areas for conducting the SAVVY enumeration, surveillance and verbal autopsy (VA) operations. The smallest operational areas delineated in the census cartography are standard enumeration areas (SEAs) and census supervisory areas (CSAs).

The population covered by SAVVY included a sample

of all of persons living in individual households throughout Zambia. This excluded the population living in institutions and other types of group quarters. Certain areas identified as refugee camps during the 2000 Census enumeration in North Western Province were also excluded. It was estimated that this population comprised less than one percent of the population of Zambia.

1.2.1.1 Stratification

A stratified one-stage sample of segments was selected for the SAVVY. In order to increase the efficiency of the sample design for SAVVY, the sampling frame of CSAs (i.e. PSUs) were divided into strata which were as homogeneous as possible. The first stage selection of sample CSAs was carried out independently within each explicit stratum. The nature of the stratification depended on the most important characteristics to be measured in SAVVY, as well as the domains of analysis.

The first level of stratification of the CSAs in a sample survey generally corresponds to the geographic domains of analysis. Therefore, the CSAs in the sampling frame were first stratified by province, rural and urban.

Given the SAVVY objective of measuring mortality rates by major cause, a stratification variable related to mortality was introduced. The 2000 Zambia Census data had been used to calculate indirect estimates of the infant mortality rate (IMR) for the rural and urban parts of each district. These published IMR estimates were used to establish two IMR substrata for the CSAs within the rural and urban strata of each province: code 1 was assigned to the CSAs in districts with an IMR below the national estimate (separately for rural and urban), and code 2 was assigned to the CSAs in districts with an IMR above the national estimate. The CSAs were sorted by IMR substratum and geographic codes (district, ward and CSA) to provide a high level of implicit stratification given the systematic selection of the CSAs (with probability proportional to size) within each stratum.

1.2.1.2 Sample Size and Allocation

The sample size for the SAVVY was determined by the accuracy required for the estimates of key indicators, as well as by the resource and operational constraints. Some of the key indicators from SAVVY were the mortality rate due to HIV/AIDS and other major causes, and as such, the precision of these estimates depended on the number of death events (and VA observations) in the sample base population. It was necessary, therefore to ensure a relatively large sample base population to ensure a sufficient sample of death events.

1.2.1.3 Selection of Sample CSAs

The sampling frame of CSAs from the 2000 Census was used for selecting the sample of 76 CSAs. In order to improve the efficiency of the sample design, the frame of

CSAs within each province, rural and urban stratum, was sorted by Infant Mortality Rate (IMR) substratum and geographic codes, in order to provide a corresponding implicit stratification by these criteria. The sampling frame includes information from the 2000 Census on the number of households and population within each CSA. Within each stratum, the CSAs were selected systematically with Probability Proportional to Size (PPS) using the following procedures:

(1) *Cumulate the measures of size (2000 Census population) down the ordered list of CSAs within the stratum. The final cumulated measure of size is the total population in the frame for the stratum (M_h).*

(2) *To obtain the sampling interval for stratum h (I_h), divide M_h by the total number of CSAs to be selected in stratum h (nh), based on the sample allocation in Table 7: $I_h = M_h/nh$.*

(3) *Select a random number (R_h) between 0 and I_h . The sample CSAs in stratum h are identified by the following selection numbers:*

rounded up,

where $i = 1, 2, 3, \dots, nh$

1.2.1.4 SAVVY Sample

A nationally-representative sample of 76 census supervisory areas (CSAs) was selected. This consisted of a sample of 46 rural CSAs and 30 urban CSAs. The target population size for the segments was about 1,200 for rural areas and 1,800 for urban areas. The proposed sample population was therefore 109,200. The sample design approach provided more flexibility for expanding the sample in the future for provincial-level results.

The sampled sites were selected to represent different population densities and socio-economic characteristics. The implementation sites were monitored regularly to ensure data quality and resolve problems that could affect implementation of the program.

All seventy six CSAs were enumerated to provide a sufficient number of births and deaths over the implementation period, as well as population figures for denominators. During the baseline census all the SEAs in the selected CSAs were covered and all the households within these SEAs were enumerated.

1.3 Preparatory Activities for SAVVY Implementation

Preparatory activities for the SAVVY implementation consisted development of the protocol and work plan; adaptation and printing of the standard WHO questionnaires and manuals, procurement of office

and field materials and equipment; publicity; area identification and recruitment of field staff; training of master trainers and field staff.

Another major preparatory activity was the Pilot SAVVY implemented in four provinces, namely Central, Luapula, Lusaka and Southern. In the pilot 33 CSAs were selected based on different socio-economic characteristics and logistical challenges. The pilot was essential in assessing the feasibility of implementing the SAVVY in Zambia.

1.3.1 Area Identification

This process involved site visits to the selected CSAs in the nine provinces. Using 2000 Census maps, selected areas were identified by noting the CSA boundary. The area identification also involved identifying a health facility within the sample area from which personnel involved in the mortality surveillance were selected. In a few cases, these health facilities were located outside the selected sample areas.

The first group of people identified were the Verbal Autopsy Interviewers (VAIs) who were mostly Environmental Health Technicians and in a few cases- teachers. The selection criteria for the VAIs were that they lived and worked within the communities and worked closely with community health workers. Ability to understand the field instruments and procedures was an added advantage. Key Informants (KIs) who were members of the community health committees and affiliated to the identified health facility in the sampled area were selected. The Verbal Autopsy Interviewers (VAIs) and Key Informants (KIs) were centrally trained in each province in order to orient them to the data collection instruments and field procedures.

1.3.2 Publicity

Publicity is essential for a successful survey undertaking. The publicity strategy adopted included sensitization of communities through interpersonal interaction. SAVVY fliers produced prior to the publicity activities were distributed in the study areas. Communities in the sampled areas were visited to raise awareness through the simplified SAVVY messages and engaging the local leadership (e.g. Chiefs, Headmen, District Commissioners, etc). The publicity provided a good platform for the implementation of the survey.

1.4 Fieldwork and Data Collection

There are several phases that constitute the standard implementation of the SAVVY system. The phases are Baseline Census, Surveillance of Vital Events and Verbal Autopsy interviews.

1.4.1 Baseline Census

The SAVVY in Zambia involved conducting a baseline census in the sampled sites. All households within the

limits of the implementation sites were visited and a total count taken of households, household members and visitors currently in the households. Key demographic and socio-economic characteristics of households and the population in the implementation sites were collected. Information on births was collected from women in the reproductive age group (15-49 years) present in the households at the time of the census. Also collected was information on deaths that occurred in the household in the 12 months prior to the survey. The aim of the baseline census was to provide updated demographic and socio-economic indicators of the sampled population.

During the baseline census each household in the sampled area was listed and given a unique identifier on a sticker. This was used to identify households during verbal autopsy visits and the census update. The identification information was also useful when linking the households from the baseline and update census to the verbal autopsy.

1.4.2 Verbal Autopsy

The verbal autopsy and birth interviews formed the core of the SAVVY. All deaths occurring in the implementation site were identified through Community Key Informants. The role of the Key Informant was to capture and communicate the occurrence of a death to the Verbal Autopsy Interviewer and further facilitated an appointment for the interview at a time convenient to the household where the event occurred.

In the event of a death, the next of kin or any adult respondent with information and knowledge of the deceased individual responded to the interview using a structured verbal autopsy questionnaire appropriate for the deceased. Data collected about the deceased person include age, sex, marital status, occupation, education level, cause of death, history of illness and place of death.

1.4.3 Data Collection Tools and Strategy

Personal Digital Assistants (PDA) and paper questionnaires were used to collect data during field work. Verbal autopsy data was collected using the three adapted WHO standard questionnaires for SAVVY and entered using CSPro 3.3.

1.5 Cause of Death Certification and ICD Coding

The verbal autopsy interviews captured detailed information on events leading to the death of the deceased member(s) of households. All completed Verbal Autopsy questionnaires were coded by nosologists (Medical doctors and clinical officers) from the Ministry of Health.

The nosologists were trained on VA questionnaire review, how to produce a death certificate, how to assign

an immediate and underlying cause of death based on International Classification Disease coding system ICD-10 guidelines and coding principles. Two nosologists independently reviewed each VA questionnaire to determine a probable cause of death. They each completed a death certificate for the VA death and assigned an ICD-10 code. The death certificates and ICD-10 codes completed by the two nosologists were then compared. If they agreed, the cause of death assigned was considered final. If they disagreed, they reviewed the VA questionnaire together to reach an agreement. If they failed to reach consensus on the underlying cause, the cause of death for that particular VA death was considered 'undetermined'.

1.6 Data Analysis

Analysis of census and verbal autopsy data was done using STATA software. The data analysis included descriptive analysis of demographic and socio-economic data

collected during the baseline census. This is presented in Chapter Two. Analysis was weighted taking into account the population size from 2010 national census and baseline population from SAVVY sample, using appropriate survey design techniques.

Mortality and fertility rates for the sampled areas were also calculated. Further, cause-specific mortality data was tabulated by age, sex, geographic and socio-economic strata. This was done by tabulating the coded cause of death from each particular questionnaire. The analysis of the causes of mortality were done and classified for the major groups according to the 10th revision of the International Classification of Disease and Related Health Problems (ICD-10). The results on mortality and its causes are presented in Chapter Three. Further analysis on the burden of disease and mortality for selected causes is presented in Chapter Four. Health service use in the period leading to death is provided in Chapter Five.

Chapter 2: Demographic and Socio-Economic Characteristics

2.0 Introduction

This chapter presents the demographic and socio-economic characteristics of the study population. This includes characteristics of the persons who were found in the household at the time of the census and for the deceased.

2.1 Characteristics of the Population

Table 2.1 shows the demographic and socio-economic characteristics of the study population and the deceased persons. Of the 176,226 respondents, 48.8 percent were

males and 51.2 percent were females. Adults aged 15 years and older accounted for 53.8 percent of the population. The population residing in urban areas accounted for 51.9 percent of the total population and 48.1 percent for rural areas. The highest proportion of the respondents were either married/living with a partner at 46.7 percent. This was followed by the never married at 43.1 percent. The separated had the lowest proportion at 1.5 percent.

The population with primary education accounted for 47.9 percent followed by secondary education at 30.6 percent.

Characteristics	Living Population (Baseline Census)		Deceased Persons (VAs)	
	Number	Percent	Number	Percent
Sex				
Males	85,975	48.8	1,474	53.4
Females	90,251	51.2	1,282	46.5
Missing	-	-	3	0.1
Total	176,226	100	2,759	100
Age (in Years)				
0-4	31,249	17.7	906	32.8
5-14	50,102	28.4	143	5.2
15+	94,875	53.8	1,705	61.8
Missing	-	-	6	0.2
Total	176,226	100	2,759	100
Rural/Urban				
Rural	84,748	48.1	1,861	67.4
Urban	91,478	51.9	899	32.6
Total	176,226	100	2,759	100
Marital Status (12 Years and Older)				
Never married	46,797	43.1	291	16.9
Married	50,624	46.7	863	50.1
Widowed	5,722	5.3	340	19.8
Divorced	3,197	3.0	168	9.7
Separated	1,594	1.5	51	3.0
Don't know/missing	592	0.5	9	0.5
Total	108,526	100	1,722	100
Education Level (5 Years and Older)				
None	21,003	14.5	354	19.2
Primary	69,446	47.9	827	44.7
Secondary	44,401	30.6	469	25.4
Higher	9,976	6.9	89	4.8
Don't know/missing	151	0.1	108	5.9
Unspecified/missing	7	0.0	0	0.0
Total	144,977	100	1,847	100

2.2 Characteristics of the Deceased

Of the 2,759 deceased persons, 53.4 percent were male while 46.5 percent were female. There were more deaths in rural areas at 67.4 percent compared to 32.6 percent in urban areas. Half of the deceased persons (50.1 percent) were married followed by the widowed at 19.8 percent. Most of the deaths occurred in the age group 15 years and older at 61.8 percent followed by those aged 0-4 years at 32.8 percent. The age group 5-14 years had the least deaths at 5.2 percent. The highest proportion of the deceased had primary education at 44.7 percent followed by secondary education at 25.4 percent.

Figure 2.1 shows the employment status of the population aged 12 years and older. The Self Employed persons accounted for 30.1 percent followed by full time students at 27.3 percent.

Figure 2.1: Percentage of Population Aged 12 Years and Older by Employment Status, Zambia 2010-2012

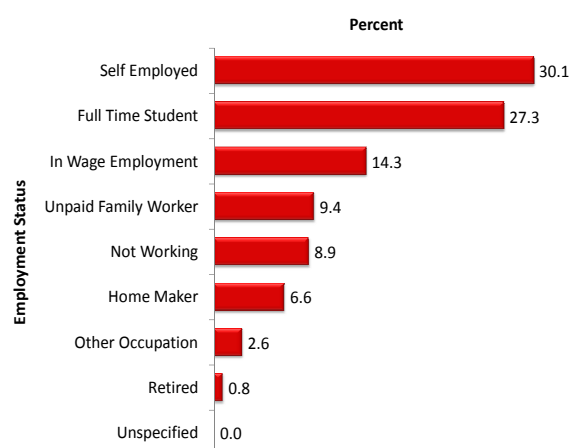


Figure 2.2 shows the percentage distribution of deceased persons (12 years and older) by occupation status. The highest proportion of the deceased was recorded among the Skilled agriculture/ fishery workers at 39.4 percent followed by those in Elementary occupations/Others at 37.0 percent. The least was among Technicians/Associate professionals at 1.4 percent.

Figure 2.2: Percentage of Deceased persons (Aged 12 Years and Older) by Occupation Status, Zambia 2010-2012



Figure 2.3 shows the percent distribution of the population by age and sex. Population distribution in Zambia has a wide base, indicating that there are more people at younger than older ages.

Figure 2.3: Population Distribution of Population by Age Group and Sex, Zambia 2010-2012

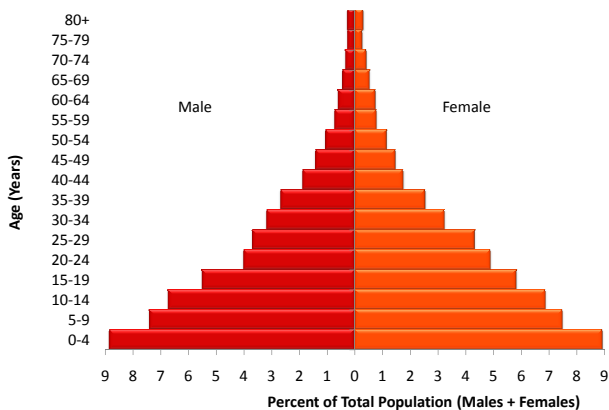
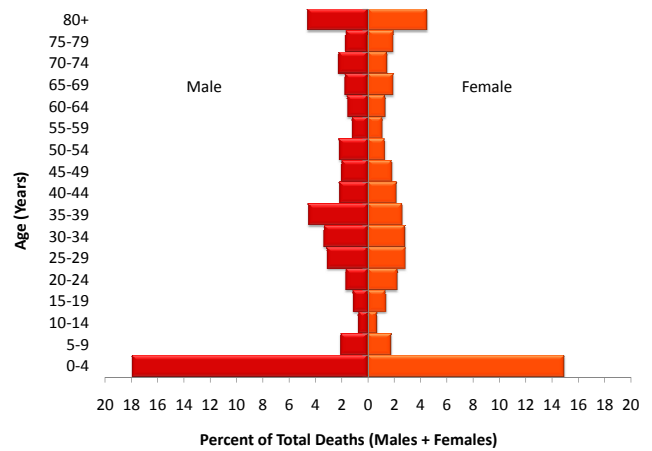


Figure 2.4 shows the percent distribution of deaths by age group and sex. There were more deaths in the 0-4 years age group for both sexes. The figure also shows a bump in the middle ages 15-50 years indicating high mortality in these ages.

Figure 2.4: Percent Distribution of Deaths by Age Group and Sex, Zambia 2010-2012



Chapter 3: Place of Death and Causes of Death

3.0 Introduction

This chapter presents findings on place of occurrence of death and the leading causes of death. Background information was collected for both rural and urban areas, sex and age groups. The background information provides observed differentials in the burden of disease profile in Zambia. These findings are presented with a focus on the top 15 underlying causes of death while the remainder of the causes are grouped together to form the category of “All other causes combined”. There is also a category of “Ill-defined & undefined causes of mortality”; a category that represents cases where the cause of death could not be determined by the coders due to insufficient information collected in the verbal autopsy questionnaires to reach an underlying cause of death. Additionally, the “ill-defined” category includes deaths in which the causes could not be determined as a result of the differences among the coders as to what was the likely cause of death.

3.1 Place of Death

Place of death refers to where the death occurred. The categories include hospital, other health facility, home and other place. Other place describes deaths that occurred for instances on the way to the health facility, accident scene, drowning in a river/stream etc.

3.1.1 Place of Death by Rural/Urban

Table 3.1 shows the place of death by rural/urban. Out of the 2,759 deaths that were reported during the survey period, 48.0 percent occurred at home. About 46 percent of all reported deaths occurred at a health facility; of these 34.9 percent occurred at hospitals while 10.9 percent occurred at other health facilities.

In rural areas, 56.1 percent of deaths occurred at home followed by hospitals at 26.2 percent. In urban areas, 53.0 percent of the deaths occurred in hospitals while 31.1 percent occurred at home.

Place of Death	Total	Percent	Rural	Percent	Urban	Percent
Hospital	963	34.9	487	26.2	476	53.0
Other Health Facility	299	10.9	217	11.7	82	9.2
Home	1,324	48.0	1,044	56.1	280	31.1
Other place	170	6.1	111	5.9	59	6.6
Not specified	3	0.1	2	0.1	1	0.1
Total Deaths	2,759	100.0	1,861	100.0	898	100.0

3.1.2 Place of Death by Sex

Table 3.2 show the place of death by sex of the deceased. More males (53.6 percent) than females (46.2 percent)

died from a hospital. The highest proportion of females died from other health facilities (48.2 percent).

Place of Death	Male	Percent	Female	Percent	Sex Unspecified	Percent	Total
Hospital	516	53.6	445	46.2	2	0.2	963
Other health facility	154	51.4	145	48.2	1	0.4	299
Home	700	52.9	623	47.1	0	0.0	1,324
Other place	103	60.6	67	39.4	0	0.0	170
Not specified	1	33.6	2	66.4	0	0.0	3
Total	1,474	53.4	1,282	46.5	3	0.1	2,759

3.1.3 Place of Death by Age

Table 3.3 shows percentage distribution of deceased by age group. The highest proportion of persons aged 15 years and older (65.3 percent) died from a hospital compared to the younger ones at 29.3 percent. Persons

under five years of age were more likely to die from other health facilities (48.4 percent) than those aged 15 years and older (45.7 percent).

Place of Death	0-4 yrs	Percent	5-14 yrs	Percent	15+ yrs	Percent	Missing Age	Percent	Total
Hospital	282	29.3	52	5.4	629	65.3	0	0.0	963
Other health facility	145	48.4	18	5.9	137	45.7	0	0.0	300
Home	421	31.8	56	4.2	842	63.6	5	0.4	1324
Other places	57	33.8	17	10.4	94	55.3	1	0.6	169
Not specified	0	0.0	0	0.0	3	100.0	0	0.0	3
Total	906	32.8	143	5.2	1,705	61.8	6	0.2	2,759

3.1.4 Place of Death by Province

Table 3.4 shows percentage of deceased persons by place of death and province. Overall deaths from home accounted for 48.0 percent. Provinces with higher proportions of persons that died at home were Central,

Luapula and Western provinces at 52.4 percent, 59.6 percent and 58.2 percent, respectively. North Western Province had the lowest proportion of persons dying from home at 34.7 percent.

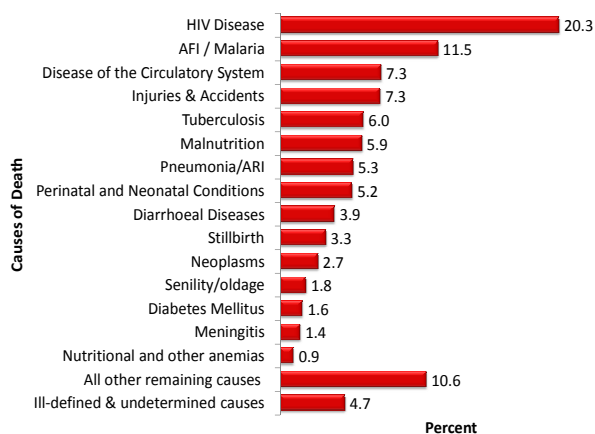
Province	Total Deaths	Hospital	Percent	Other Health Facility	Percent	Home	Percent	Other Place	Percent	Don't know	Percent
Central	171	61	35.7	9	5.5	89	52.4	11	6.4	0	0.0
Copperbelt	136	66	48.3	9	6.7	51	37.6	10	7.3	0	0.0
Eastern	628	246	39.2	52	8.2	307	49.0	23	3.6	0	0.0
Luapula	443	76	17.3	74	16.7	264	59.6	29	6.5	0	0.0
Lusaka	443	170	38.3	70	15.7	158	35.6	45	10.1	1	0.2
Northern	181	71	39.1	16	9.1	81	44.6	13	7.2	0	0.0
North Western	95	56	59.0	2	2.5	33	34.7	4	3.8	0	0.0
Southern	340	133	39.2	27	8.0	153	45.0	26	7.5	1	0.3
Western	322	84	25.9	40	12.4	187	58.2	10	3.2	1	0.3
Total	2,759	963	34.9	300	10.9	1,324	48.0	170	6.1	3	0.1

3.2 Underlying Causes of Death in Zambia

3.2.1 All Deaths

Figure 3.1 shows the percentage distribution of leading causes of death (Top 15) for all ages in Zambia. Human Immuno Deficiency Virus (HIV) was the major cause of death at 20.3 percent followed by deaths due to Malaria at 11.5 percent. Diseases of the Circulatory System, and Injuries and Accidents were the third leading causes of death in Zambia at 7.3 percent.

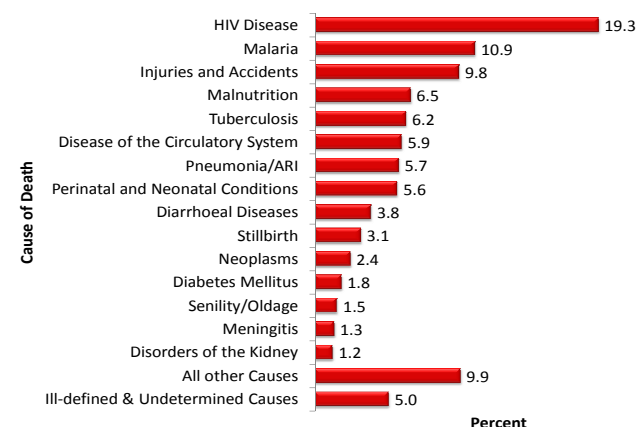
Figure 3.1: Percentage Distribution of Leading Causes of Death (Top 15), Zambia 2010-2012



3.2.2 Male Deaths

Figure 3.2 shows the percentage distribution of leading causes of death (Top 15) among males of all ages in Zambia. Human Immuno Deficiency Virus (HIV) was the major cause of death for males at 19.3 percent followed by deaths due to malaria at 10.9 percent. Of all the death among males five percent were undetermined or ill-defined.

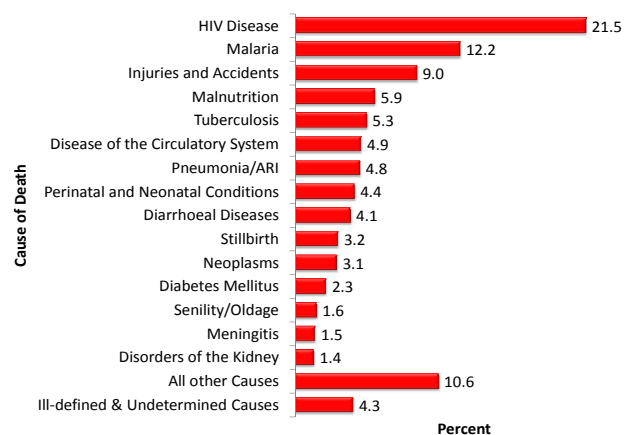
Figure 3.2: Percentage Distribution of Leading Causes of Death (Top 15 among Males, Zambia 2010-2012)



3.2.3 Female Deaths

Figure 3.3 presents the percentage distribution of leading causes of death (Top 15) among females of all ages in Zambia. HIV related diseases were the highest cause of death among females with 21.5 percent followed by malaria at 12.2 percent. Injuries and accidents were the third highest cause of death with 9.0 percent while malnutrition was fourth at 5.9 percent.

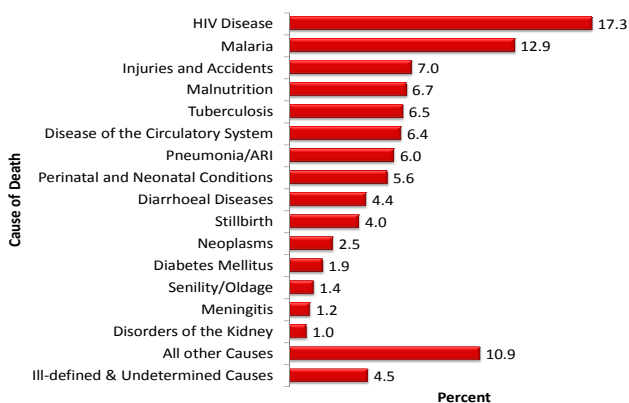
Figure 3.3: Percentage Distribution of Leading Causes of Death (Top 15) among Females, Zambia 2010-2012



3.2.4 Rural Deaths

Figure 3.4 shows the percentage distribution of leading causes of death (Top 15) in rural areas in Zambia. Human Immuno Deficiency Virus was the major cause of death in rural areas at 17.3 percent followed by deaths due to Malaria at 12.9 percent.

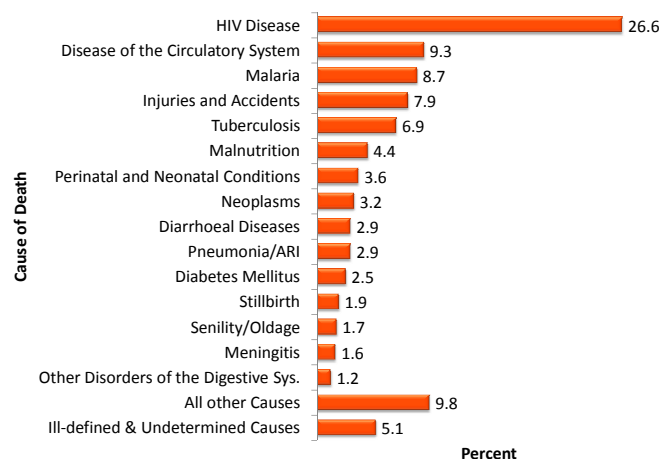
Figure 3.4: Percentage Distribution of Leading Causes of Death (Top 15) in Rural Areas, Zambia 2010-2012



3.2.5 Urban Deaths

Figure 3.5 shows the percentage distribution leading causes of death (Top 15) in urban areas for Zambia. Human Immuno-Deficiency Virus was the major cause of death in urban areas at 26.6 percent followed by deaths due to Diseases of the Circulatory system at 9.3 percent.

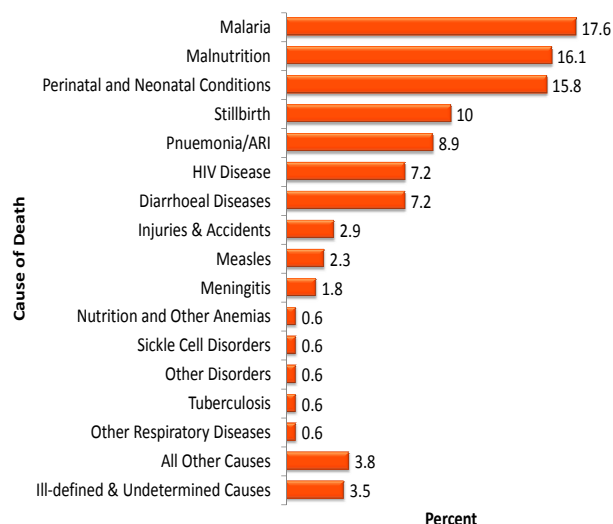
Figure 3.5: Percentage Distribution of Leading Causes of Death (Top 15) in Urban Areas, Zambia 2010-2012



3.2.6 Under Five Deaths

Figure 3.6 shows the percentage distribution of leading causes of death among children aged 0-4 years in Zambia. Malaria was the major cause of death at 17.6 percent followed by Malnutrition at 16.1 percent. Perinatal and Neonatal Conditions were third at 15.8 percent.

Figure 3.6: Top 15 Leading Causes of Death among Children Aged 0-4 Years, Zambia 2010-2012



3.2.7 Still Births

Table 3.5 shows the percentage distribution of leading causes of Stillbirths in Zambia. Fetal deaths of unspecified cause was the leading cause of still births at 77.7 percent followed by fetal deaths due to complications of the placenta, cord and membranes at 10.7 percent. Fetus affected by maternal conditions that may be unrelated to the present pregnancy was the least cause of still births at 1.1 percent.

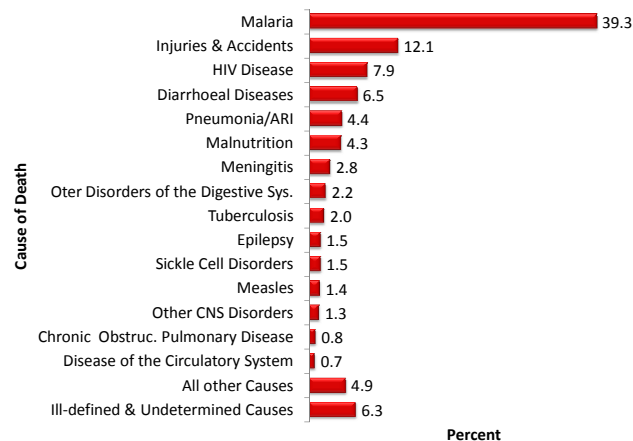
Table 3.5: Causes of Stillbirths in Zambia 2010-2012

Cause of Stillbirth (ICD-10 Code)	Number of Deaths	Percent
Fetal death of unspecified cause (P95)	71	77.7
Fetus affected by complications of placenta, cord and membranes (P02)	10	10.7
Fetus affected by other complications of labour and delivery (P03)	7	8.1
Fetus affected by maternal complications of pregnancy (P01)	2	2.3
Fetus affected by maternal conditions that may be unrelated to present pregnancy (P00)	1	1.1
Total Number of Stillbirths	91	100.0

3.2.8 Deaths Among 5-14 Year Old

Figure 3.7 shows the percentage distribution of leading causes of death among children aged 5-14 years in Zambia. Malaria was the major cause of death at 39.3 percent followed by Injuries and Accidents at 12.1 percent.

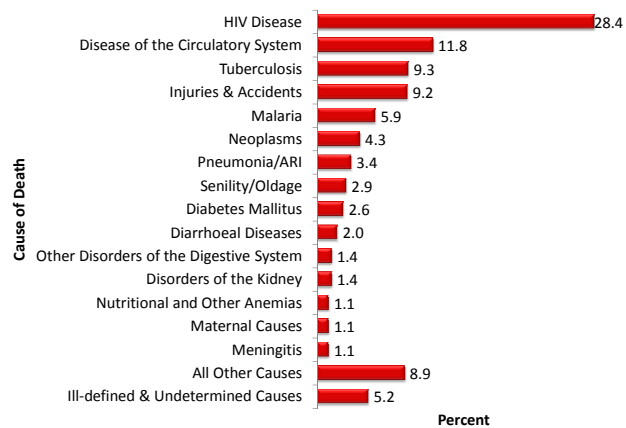
Figure 3.7: Percentage Distribution of Leading Causes of Death (Top 15) among Children Aged 5-14 Years, Zambia 2010-2012



3.3 Deaths Among 15 Years and Older

Figure 3.8 shows the percentage distribution of leading causes of death among adults aged 15 years and older in Zambia. Human Immuno Deficiency Virus was the major cause of death at 28.4 percent followed by Diseases of the circulatory system at 11.8 percent.

Figure 3.8: Percentage Distribution of Leading Causes of Death (Top 15) among Adults Aged 15 Years and Older, Zambia 2010-2012



Chapter 4: Burden of Disease and Mortality for Selected Causes

4.0 Introduction

This chapter presents the burden of disease in Zambia and mortality due to selected causes. It also includes information on health service use and treatment during the period leading to the death.

4.1 HIV-Related Deaths

HIV is one of the leading causes of death in Zambia despite the reduction in prevalence from 95.6 percent in 2001 to 14.3 percent in 2007 among the 15-49 age group (ZDHS 2007).

4.1.1 Contribution of HIV and AIDS to all Deaths Causes

Table 4.1 shows the proportion of HIV-related deaths as a proportion of the total deaths that occurred. The proportion of HIV-related deaths among males was 19.3 percent while that of females was 21.5 percent. Similarly, HIV-related deaths were more in urban than rural areas at 26.6 and 17.3 percent, respectively. The age group with the highest proportion was 15 years and older at 28.4 percent. The age group 0-4 years had 7.2 percent of deaths related to HIV while the age group 5-14 years accounted for 7.9 percent.

Table 4.1: Proportion of HIV-Related Deaths (Weighted Data), Zambia 2010-2012

	HIV Related Deaths		Total Deaths (Number)
	(Number)	(Percent)	
Sex			
Males	285	19.3	1474
Females	276	21.5	1282
Rural/Urban			
Rural	322	17.3	1861
Urban	239	26.6	899
Age (in Years)			
0-4	66	7.2	906
5-14	11	7.9	143
15+	484	28.4	1705
Total	561	20.3	2759

4.1.2 HIV related deaths by Place of Death, Age, Treatment Seeking and Causes of HIV-Related Deaths

Table 4.2 shows the percentage distribution of place of death, age group, treatment seeking and specific causes of HIV related deaths by sex. Of the all HIV related deaths, 43.2 percent occurred in hospitals. Disaggregated by sex, 44.2 percent of males and 42.1 percent of females died in hospitals. This was followed by deaths which occurred at home at 44.4 percent of the total HIV related deaths. Deaths occurring in other health facilities and any other places, contributed 9.5 percent and 3.0 percent respectively to the total number of HIV related deaths.

Results on treatment received in the period prior to death show that 92.8 percent received treatment prior to the

death. A higher proportion of females received treatment (93.1 percent) compared to males (92.4 percent).

In relation to deaths by type of HIV, there were more deaths due to HIV disease resulting in infectious and parasitic diseases at 48.5 percent followed by HIV disease resulting in other specified diseases at 33.6 percent and Unspecified HIV disease at 15.5 percent. HIV disease resulting in other conditions and HIV disease resulting in malignant neoplasms had the least proportions of 1.2 and 0.9 percent, respectively.

Of all the HIV related deaths reported in Zambia, 11.7 percent were children under five, 2.0 percent were children aged 5 -14 years while 86.3 percent were adults aged 15 years and older.

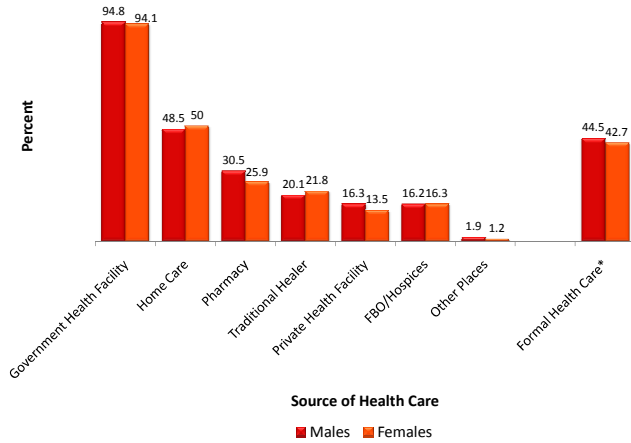
Table 4.2: Place of Death, Age distribution, treatment seeking and specific causes of HIV-related deaths, by sex, Zambia 2010-2012.

	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
Place of Death						
Hospital	126	44.2	116	42.1	242	43.2
Other Health Facility	23	8.0	30	11.0	53	9.5
Home	126	44.0	123	44.7	249	44.4
Other Place	11	3.8	6	2.2	17	3.0
Age (in Years)						
0-4	36	12.7	29	10.6	66	11.7
5-14	4	1.4	7	2.6	11	2.0
15+	245	85.9	239	86.8	484	86.3
Received Treatment during illness	263	92.4	257	93.1	520	92.8
Specific Causes of HIV						
HIV disease resulting in infectious and parasitic diseases (B20)	151	53.1	12	43.8	272	48.5
HIV disease resulting in malignant neoplasms (B21)	3	1.0	2	0.7	5	0.9
HIV disease resulting in other specified diseases (B22)	89	31.2	99	36.0	188	33.6
HIV disease resulting in other conditions (B23)	3	1.1	6	2.1	9	1.2
Unspecified HIV disease (B24)	30	13.6	48	17.4	87	15.5

4.1.3 Health Service use in the Period Leading to Death due to HIV

Figure 4.1 shows health service use among individuals who sought treatment in the period leading to death from HIV-related causes. Most individuals sought treatment from a government health facility; 94.8 percent for males and 94.1 percent for females. Home care accounted for 48.5 and 50.0 percent for males and females, respectively. The percentage of males who sought formal health care was 44.5 while that of females was 42.7 percent.

Figure 4.1: Percentage Distribution of Health service use among individuals who sought treatment in the period leading to death from HIV-related causes by Sex and Type of Facility Visited, Zambia 2010-2012



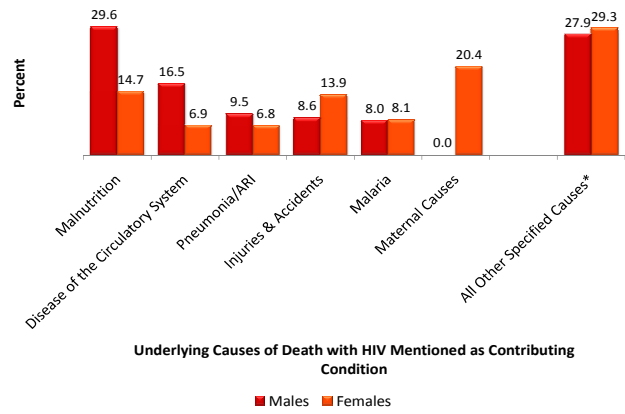
NB: Proportions sum to more than 100% because the deceased may have received treatment from more than one place.

*Formal health care includes government, private, faith-based, pharmacies and hospices

4.1.4 Leading Causes of Death for which Presence of HIV was Mentioned on the Death Certificates as Contributory Condition

Figure 4.2 shows the percentage distribution of leading causes of death for which presence of HIV was mentioned on death certificates as contributory condition. Malnutrition and disease of the circulatory system were reported as the cause of death by 29.6 and 16.5 percent, respectively for males with the females accounting for 14.7 and 6.9 percent, respectively. Maternal causes accounted for 20.4 percent. All other specified causes accounted for 27.9 and 29.3 percent for males and females, respectively.

Figure 4.2: Percentage Distribution of Leading causes of Death for which presence of HIV was mentioned on the death certificates as contributory condition, Zambia 2010 – 2012.



*All other specific causes include tuberculosis, diarrhoeal diseases, disorders of the kidney, stillbirth, disease of oesophagus, stomach and duodenum and other infectious and parasitic diseases. Numbers are very small.

4.2. Malaria

Malaria is one of the leading causes of morbidity and mortality in Zambia. It is usually associated with seasonal and geographic variations across the country. According to Malaria Indicator Survey 2008, “Malaria accounts for up to forty percent of all infant mortality and twenty percent of all maternal mortality” (MoH, 2008). Malaria poses a severe social and economic burden in communities living in endemic areas. Malaria eradication remains one of the Millennium Development Goals that has to be achieved. In doing so, the health sector through National Malaria Control Centre has put into place strategies’ and interventions aimed at reducing the incidence of Malaria. Some of these strategies are:

- Scale up of high impact preventive, curative and care interventions.
- Use of In-Door Residual Spraying and Insecticide Treated Nets.
- Use of Intermittent Presumptive Treatment of Malaria in Pregnancy.
- Availability and use of Anti-Malarial drugs.
- Introduction of Rapid Diagnostic Tests in all health facilities which do not have Microscopy services.

4.2.1 Malaria-Related Deaths

Table 4.3 shows the proportion of malaria-related deaths by sex, rural/urban and age in Zambia. Malaria-related deaths accounted for 11.5 percent of all deaths. Female deaths resulting from Malaria were recorded at 12.2 percent while male deaths were at 10.9 percent. There were more Malaria-related deaths in rural than urban areas at 12.9 and 8.7 percent, respectively. About 18 percent of all deaths in children under 5 years (0-4) were due to malaria related causes. Similarly, 39.3 percent of all deaths in children aged between 5 and 14 years were due to malaria related causes while in the age group 15 years and older 5.9 percent of all deaths were related to Malaria.

	Malaria Related Deaths	Malaria Related Deaths	Total Deaths
	(Number)	(Percent)	(Number)
*Sex			
Males	161	10.9	1,474
Females	156	12.2	1,282
Rural/Urban			
Rural	239	12.9	1861
Urban	78	8.7	898
**Age (in Years)			
0-4	159	17.6	905
5-14	56	39.3	143
15+	101	5.9	1,705
Total	317	11.5	2,759
<i>Note: *There were 3 deaths (non-malaria) that had no information on sex, that is why total number for all deaths has 3 more cases than total for males and females only.</i>			
<i>**There were 6 deaths (1 malaria, 5 non-malaria) that had no information on age. These add up to total of 2,759.</i>			

4.2.2 Malaria Related Deaths by Place of Death, Treatment Seeking and Specific Causes of Malaria Deaths in Zambia

Table 4.4 shows the percentage distribution of malaria related deaths by place of death, age, treatment seeking and specific causes of malaria, by sex. Of the total deaths due to Malaria, 32.4 percent occurred in hospitals, 14.7 percent in other health facilities, 41.9 percent at home while 11.0 percent occurred in other places. Disaggregated by sex, 31.9 percent of males and 32.9 percent of females died in hospital while males (41.3 percent) and females (42.0 percent) died at home.

Of all the Malaria deaths reported in Zambia, 50.2 percent were children under five, 17.8 percent were

children aged 5 -14 years and 32 percent were adults aged 15 years and above. Results on treatment received in the period prior to death show that 85.5 percent received treatment prior to the death. A higher proportion of males received treatment (87.7 percent) compared to females (83.2 percent).

Specific causes of Malaria deaths were also collected. Amongst Malaria deaths the highest proportion (56.9 percent) were caused by Plasmodium falciparum Malaria. About forty percent were due to Unspecified Malaria Related Deaths, while causes as a result of Other Parasitologically Confirmed Malaria had the least proportion of 0.7 percent.

	Total		Males		Females	
	Number	Percent	Number	Percent	Number	Percent
Place of Death						
Hospital	103	32.4	52	31.9	51	32.9
Other Health Facility	46	14.7	26	16.4	20	13.0
Home	133	41.9	67	41.3	66	42.0
Other Place	35	11.0	17	10.4	18	11.7
Age (in Years)						
0-4	159	50.2	79	49.1	80	51.4
5-14	56	17.8	30	18.9	26	16.7
15+	102	32.0	52	32.0	50	31.9
Received Treatment during illness	271	85.5	141	87.7	130	83.2
Specific Causes of Malaria						
Plasmodium falciparum malaria (B50)	180	56.9	99	61.6	81	52.1
Other parasitologically confirmed malaria (B53)	2	0.7	0	0.0	2	1.5
Unspecified malaria (B54)			62	38.6	73	46.4

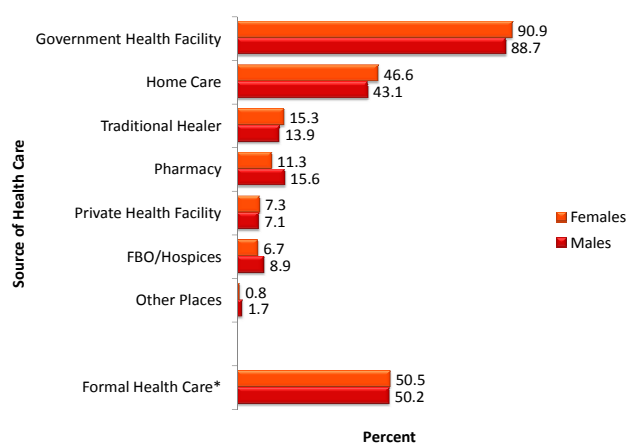
4.2.3 Health Service use in the Period Leading to Death due to Malaria

Figure 4.3 shows percentage distribution of health service use among individuals who sought treatment in the period leading to death from malaria-related causes by type of facility visited. Persons who died from Malaria received some form of treatment, either formal or informal during the illness. A proportion of 90.9 percent of males and 88.7 percent for females received

treatment from government health facilities. Treatment received from home accounted for 46.6 percent for males and 43.1 percent for females while treatment from traditional healers contributed 15.3 percent for males and 13.9 percent for females.

Overall, of all the Malaria deaths that occurred, the proportion of males that sought health services was at 50.5 percent while that of females was 50.2 percent.

Figure 4.3: Percentage Distribution of Health service use among individuals who sought treatment in the period leading to death from malaria-related causes by Type of Facility visited, Zambia 2010-2012



NB: Data sorted on descending order of male proportions. Proportions sum to more than 100% because the deceased may have received treatment from more than one place.

*Formal health care includes government, private, faith-based, pharmacies and hospices

4.3 Injury and Accidental Deaths

Table 4.5 shows the proportion of deaths due to injuries and accidents. The table shows that 9.8 percent of all male deaths were due to injury and accidents while 4.4 percent of all female deaths were due to injury and accidents. In rural areas injury and accidents accounted for 7.0 percent while in the urban areas it was 7.9 percent of all deaths. The table further shows of deaths in age group 0-4 years at 2.8 percent were due to injury and accidents. In the age group 5-14 years injuries and accidents accounted for 12.0 percent of deaths while in age group 15 years and older had 9.2 percent.

	Deaths due to Injuries & Accidents (Number)	Deaths due to Injuries & Accidents (Percent)	Total Deaths (Number)
Sex			
Males	144	9.8	1,474
Females	57	4.4	1,282
Rural/Urban			
Rural	129	7.0	1,861
Urban	71	7.9	899
Age (in Years)			
0-4	26	2.8	906
5-14	17	12.0	143
15+	158	9.2	1,705
Total	561	20.3	2,759

4.3.1 Injury and Accidental Deaths by Place of Death, Age, Sex, Treatment and Specific Causes

Table 4.6 shows the percentage distribution of injury and accidental deaths by place of death, age group, sex, treatment received and specific causes of Injury and Accidental deaths. The highest proportion of deaths due to injury and accidents occurred at home (44.1 percent), while the least proportion occurred in other health facilities at 5.9 percent. A similar pattern was observed

for both males and females. The highest proportion of deaths for both sexes was in the age group 15 years and older, while the least proportion occurred in the age group 5-14 years for both sexes.

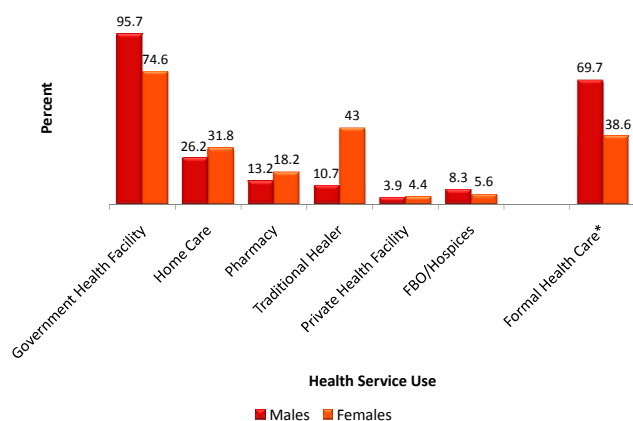
Data on specific causes of injury and accidents shows that the highest proportion of deaths were due to transport accidents (24.5 percent) followed by assault (14.5 percent).

	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
Place of Death						
Hospital	36	24.9	11	20.0	47	23.4
Other Health Facility	9	6.1	3	5.4	12	5.9
Home	59	41.1	30	51.9	89	44.1
Other Place	40	28.0	13	22.7	53	26.5
Age (in Years)						
0-4	18	12.7	8	13.2	26	12.7
5-14	11	7.8	6	10.6	17	8.6
15+	115	79.5	43	76.2	158	78.6
Received Treatment during illness						
Yes	45	31.1	24	42.0	69	34.2
Specific Causes of Injuries						
Transport accidents	37	25.8	12	21.3	49	24.5
Assault	18	12.6	13	22.5	31	14.5
Intentional self-harm	18	12.5	3	5.2	21	10.5
Accidental drowning and						
submersion	15	10.4	2	3.6	17	8.5
Falls	5	3.7	7	12.0	12	6.0
Exposure to smoke, fire and						
flames	6	4.1	3	6.0	9	4.3
Accidental poisoning by and exposure to noxious substances	7	4.6	2	3.4	9	4.3
All other external causes	38	26.4	15	25.9	53	26.3

4.3.2 Health Service use in the Period Leading to Death due to Injuries and Accidents

Figure 4.4 shows percentage distribution of health service use among individuals who sought treatment in the period leading to death from injuries and accidents by type of institution visited. The graph shows that individuals receiving treatment from a government health facility for 95.7 percent for males and 74.6 percent for females. Treatment received from private health facility was the least for both sexes at 3.9 percent for males and 4.4 percent for females. There were more males (69.7 percent) than females (38.6 percent) who received treatment from formal health care.

Figure 4.4: Percentage Distribution of Health service use among individuals who sought treatment in the period leading to death from Injuries and Accidents by Type of Institution Visited, Zambia 2010-2012



NB: Proportions sum to more than 100% because the deceased may have received treatment from more than one place.

*Formal health care includes government, private, faith-based, pharmacies and hospices

4.4 Maternal Mortality

Maternal health is one of the global priorities that form part of the health-related Millennium Development Goals (MDGs). Zambia has high maternal mortality ratio at 591 per 100,000 live births (ZDHS).

4.4.1 Distribution of Maternal and Non-Maternal Deaths, by Selected Characteristics

Table 4.7 shows the distribution of maternal and non-maternal deaths, by selected characteristics of women in the reproductive age group 15-49 years. The table shows that of all female deaths in the age group 15-49 years, 5.1 percent were maternal related deaths while 94.9 percent were non maternal deaths. The highest proportion of maternal related deaths occurred in the age group 20-29 years at 43.7 percent.

Maternal related deaths were more in rural areas (73.3 percent) than in the urban areas (26.7 percent). More maternal related deaths occurred in hospitals at 60.1 percent while the least of maternal related deaths occurred in other places at 4.5 percent. Females who died due to maternal related deaths were either married or living together with a partner at the time of death at 74.7 percent, followed by those who never married at 20.7 percent.

Table 4.7: Distribution of Maternal and Non-maternal Deaths, by selected characteristics for women aged 15-49 years, Zambia 2010-2012

	Maternal Deaths		Non Maternal Deaths		All Deaths	
	Number	Percent	Number	Percent	Number	Percent
Age (in Years)						
15-19	5	24.5	31	7.6	37	8.5
20-29	10	43.7	130	3.7	140	32.3
30-39	7	31.8	141	34.3	148	34.2
40-49	0	0.0	108	26.4	108	25.1
Rural/Urban						
Rural	16	73.3	232	56.6	248	57.4
Urban	6	26.7	178	43.4	184	42.6
Place of Deaths						
Hospital	13	60.1	167	40.7	180	41.7
Other Health Facility	5	22.0	48	11.7	53	12.2
Home	3	13.4	174	42.5	177	41.0
Other Place	1	4.5	21	5.1	22	5.1
Marital Status						
Never married	5	20.7	82	20.0	87	20.0
Married / Living together	16	74.7	194	47.2	210	48.6
Widowed	0	0.0	49	12.1	49	11.5
Divorced	0	0.0	64	15.7	64	14.9
Separated	1	4.6	17	4.3	18	4.3
Unspecified	0	0.0	3	0.8	3	0.7
Total	22	5.1	410	94.9	432	100.0

4.4.2 Maternal Mortality Rate

Table 4.8 shows the Maternal Mortality Rate (MMRate) per 100,000 Women of Reproductive Age. The Maternal Mortality Rate (MMRate) was recorded at 52.6 per

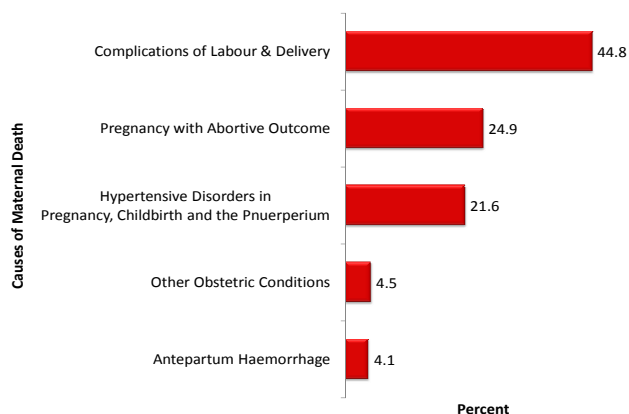
100,000 females aged 15-49 years. The highest MMRate was recorded in the age group 30-39 years at 69.7, followed by age group 20-29 years at 59.8.

Age	Maternal Death	Number of Women	MMR
15-19	5	10,258	52.9
20-29	10	16,197	59.8
30-39	7	10,108	69.7
40-49	0	5,578	0.0
15-49	22	42,141	52.6

4.4.3 Causes of Maternal Deaths

Figure 4.5 shows percentage distribution of causes of maternal deaths among women of reproductive age. The results show that most maternal deaths were due to complications of labour and delivery at 44.8 percent, followed by pregnancy with abortive outcome at 24.9 percent. The least cause of maternal deaths was antepartum haemorrhage at 4.1 percent.

Figure 4.5: Percent Distribution of Causes of Maternal Deaths among Women aged 15-49 years, Zambia 2010-2012

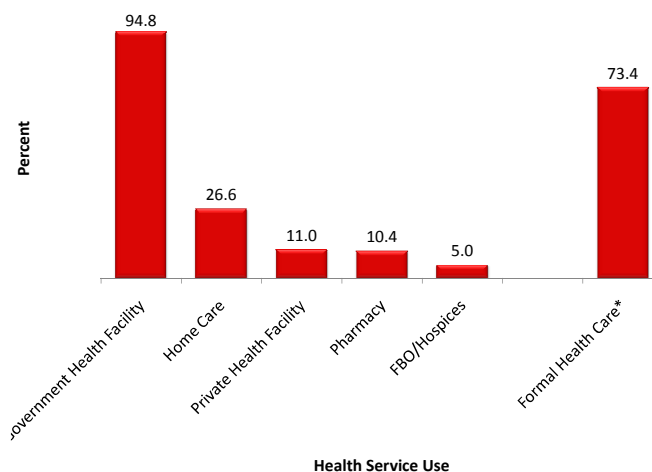


4.4.4 Health Service use among Women who received treatment in the Period Leading to Death from Maternal Causes

Figure 4.6 shows the percentage distribution of health service use among women who received treatment in the period leading to death from maternal causes. Women receiving treatment from a government health facility accounted for 94.8 percent, followed by those

who received treatment from home at 26.6 percent. The least reported health service used in the period leading to death was Faith based health facilities at 5.0 percent. There were 73.4 percent of women who sought treatment from formal health care.

Figure 4.6: Percent Distribution of Health service use among women who received treatment in the period leading to death from maternal causes by type of facility visited, Zambia 2010-2012



*All other specific causes include tuberculosis, diarrhoeal diseases, disorders of the kidney, stillbirth, disease of oesophagus, stomach and duodenum and other infectious and parasitic diseases. Numbers are very small.

Chapter 5: Health Service Use in the Period Leading to Death

5.0. Introduction

This chapter presents information on health services used and treatment received in the period leading to death for all deceased persons.

during the illness that led to death at 75.3 percent. A similar pattern was observed for both males and females, although more females (77.3 percent) had received treatment compared to males (73.7 percent).

5.1. Treatment received during illness

Table 5.1 shows treatment during illness that led to death by sex in Zambia. Deceased persons received treatment

Table 5.1: Treatment Received During Illness that led to Death by Sex, Zambia 2010-2012

Received Treatment for the illness that led to death?	Male		Female		Total*	
	Number	Percent	Number	Percent	Number	Percent
Yes	1,086	73.7	991	77.3	2,077	75.3
No	363	24.6	270	21.0	635	23.0
Don't Know	26	1.7	21	1.7	47	1.7
Total	1,474	100.0	1,282	100.0	2,759	100.0

*Total include 2 individuals who did not have information on sex, but it was mentioned that they did not receive treatment

Table 5.2 shows treatment received during illness that led to death by rural/urban in Zambia. Urban areas had a higher proportion of persons who received treatment

during the illness that led to death at 79.7 percent compared to 73.1 percent for rural areas.

Table 5.2: Treatment Received during illness that led to death by Rural/Urban, Zambia 2010-2012

Received Treatment for the illness that led to death?	Rural		Urban		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes	1,361	73.1	716	79.7	2,077	75.3
No	467	25.1	168	18.8	635	23.0
Don't Know	33	1.8	14	1.6	47	1.7
Total	1,861	100.0	898	100.0	2,759	100.0

Table 5.3 shows treatment received during illness that led to death by place of death in Zambia. Of the people that received treatment for the illness that led to death, 43.6 and 41.0 percent died at home and hospital, respectively.

The majority of the persons (62.8 percent) who did not receive treatment for the illness that led to death died at home.

Table 5.3: Treatment Received during illness that led to death by Place of Death, Zambia 2010-2012

Place of Death	Received Treatment for the illness that led to death						Total
	Yes		No		Don't Know		
	Number	Percent	Number	Percent	Number	Percent	
Hospital	851	41.0	97	15.3	15	32.0	936
Other Health Facility	236	11.4	60	9.4	4	8.5	300
Home	905	43.6	399	62.8	19	40.4	1,324
Other Place	84	4.0	77	12.1	8	17.0	169
Unspecified	1	0.0	2	0.3	0	0.0	3
Total	2,077	100	635	100	47	100	2,759

Table 5.4 shows treatment received during illness that led to death by age group in Zambia. The age group 15 years and older had the highest proportion (80.6 percent)

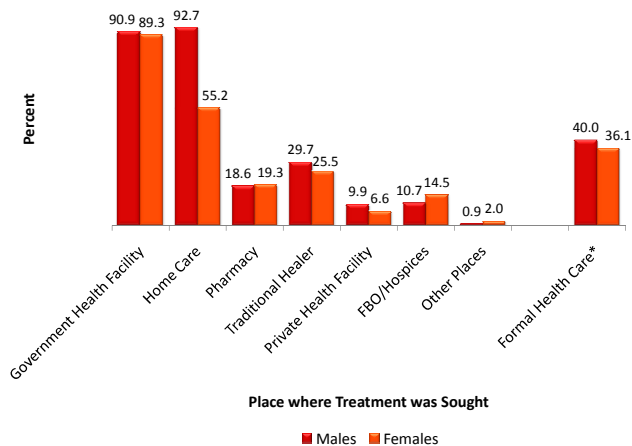
of persons who received treatment for the illness that led to death while the age group 0-4 years had the least proportion at 65.5 percent.

Table 5.4: Treatment Received during illness that led to death by Age Group, Zambia 2010-2012

Age Group	Received Treatment for the illness that led to death						Total
	Yes		No		Don't Know		
	Number	Percent	Number	Percent	Number	Percent	
0 - 4 years	593	65.5	284	31.4	28	3.1	905
5 -14 years	105	73.5	33	22.9	5	3.7	143
15+ years	1,373	80.6	317	18.6	14	0.8	1,705
Missing	5	83.3	1	16.7	0	0.0	6
Total	2,077	75.3	635	23.0	47	1.7	2,759

Figure 5.1 shows the percentage distribution of health service use among individuals who received treatment in the period leading to death in rural areas. The majority of the deceased who received treatment in the period leading to death in rural areas received treatment in a government health facility.

Figure 5.1: Percentage Distribution of Health Service Use among Individuals who Sought Treatment in the Period Leading to Death - all causes (Weighted data), Zambia Rural 2010-2012

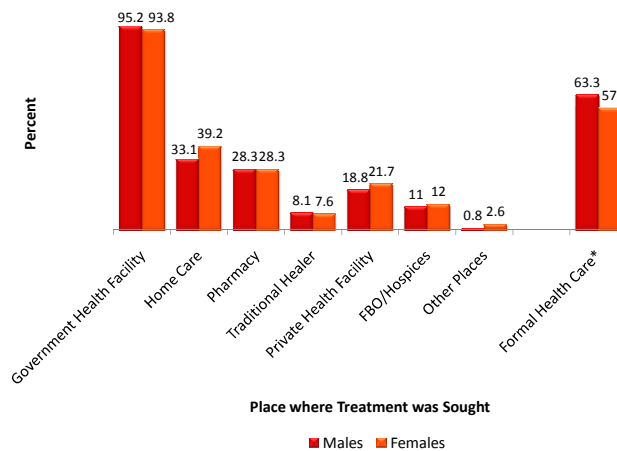


NB: Proportions sum to more than 100% because the deceased may have received treatment from more than one place. Pharmacy category includes drug store. *Formal health care includes government, private, faith-based, pharmacies and hospices

Figure 5.2 shows the percentage distribution of health service use among individuals who received treatment in the period leading to death in urban areas. Similar

to rural areas, the majority of deceased persons received treatment from a government health facility, followed by Formal health care at 63.3 and 57.0 percent for males and females, respectively.

Figure 5.2: Percentage Distribution of Health service use among individuals who sought treatment in the period leading to death - all causes (Weighted data), Zambia Urban 2010-2012



NB: Proportions sum to more than 100% because the deceased may have received treatment from more than one place. Pharmacy category includes drug store. *Formal health care includes government, private, faith-based, pharmacies and hospices

APPENDIX AND REFERENCES

Appendix

ICD-10 Description	ICD-10 Code	Number	Percent
Pneumonia, organism unspecified	J18	121	13.3
Stillbirth	P95	92	10.2
Diarrhoea and gastroenteritis of presumed infectious origin	A09	86	9.5
Plasmodium falciparum malaria	B50	75	8.3
Unspecified malaria	B54	59	6.5
Volume depletion	E86	57	6.3
Other anaemias	D64	42	4.6
Bacterial sepsis of newborn	P36	36	4.0
Other ill-defined and unspecified causes of mortality	R99	26	2.9
Meningitis due to other and unspecified causes	G03	24	2.6
Unspecified protein-energy malnutrition	E46	23	2.5
Birth asphyxia	P21	19	2.1
Other septicaemia	A41	16	1.8
Disorders related to short gestation and low birth weight, not elsewhere classified	P07	15	1.7
Measles	B05	15	1.7
Congenital pneumonia	P23	13	1.4
Kwashiorkor	E40	12	1.3
Respiratory tuberculosis, not confirmed bacteriologically or histologically	A16	10	1.1
Marasmic kwashiorkor	E42	9	1.0
Neonatal aspiration syndromes	P24	9	1.0
Other respiratory conditions originating in the perinatal period	P28	6	0.6
Fetus and newborn affected by other complications of labour and delivery	P03	5	0.6
Fetus and newborn affected by maternal conditions that may be unrelated to present pregnancy	P00	5	0.6
Human immunodeficiency virus [HIV] disease resulting in infectious and parasitic diseases	B20	5	0.6
Respiratory distress of newborn	P22	5	0.6
Meningococcal infection	A39	4	0.5
Sudden infant death syndrome	R95	4	0.5
Acquired haemolytic anaemia	D59	3	0.4
Sickle-cell disorders	D57	3	0.4
Poisoning by and exposure to pesticides, undetermined intent	Y18	3	0.4
Other disorders of pancreatic internal secretion	E16	3	0.4
Fever of unknown origin	R50	3	0.4
Drowning and submersion, undetermined intent	Y21	3	0.4
All other Specified and Unspecified causes of illness in Children under 5**	**	93	10.2
All deaths in children under 5 years		905	100

ICD-10 Description	ICD-10 Code	Number	Percent
Plasmodium falciparum malaria	B50	34	24.2
Unspecified malaria	B54	18	12.3
Pneumonia, organism unspecified	J18	14	9.5
Other anaemias	D64	7	4.9
Other ill-defined and unspecified causes of mortality	R99	6	4.3
Volume depletion	E86	6	4.3
Meningitis due to other and unspecified causes	G03	6	4.3
Diarrhoea and gastroenteritis of presumed infectious origin	A09	5	3.6
Unspecified protein-energy malnutrition	E46	4	2.8
Other septicaemia	A41	3	2.2
Paralytic ileus and intestinal obstruction without hernia	K56	3	2.2
Drowning and submersion while in natural water	W69	3	2.1
Contact with venomous snakes and lizards	X20	3	2.0
Human immunodeficiency virus [HIV] disease resulting in infectious and parasitic diseases	B20	2	1.4
Effects of other external causes	T75	1	0.8
Sickle-cell disorders	D57	1	0.8
Epilepsy	G40	1	0.8
Status asthmaticus	J46	1	0.8
Pedestrian injured in collision with car, pick-up truck or van	V03	1	0.7
Drowning and submersion, undetermined intent	Y21	1	0.7
Unspecified drowning and submersion	W74	1	0.7
Pedestrian injured in other and unspecified transport accidents	V09	1	0.7
Acquired haemolytic anaemia	D59	1	0.7
Congenital malformations of cardiac septa	Q21	1	0.7
Varicella [chickenpox]	B01	1	0.7
Heart failure	I50	1	0.7
Measles	B05	1	0.7
Typhoid and paratyphoid fevers	A01	1	0.7
Falling, jumping or pushed from a high place, undetermined intent	Y30	1	0.7
Exposure to unspecified smoke, fire and flames	X09	1	0.7
Assault by smoke, fire and flames	X97	1	0.7
All other Specified and Unspecified conditions in Children 5-14 years	**	11	7.4
All deaths in children between 5 - 14 years		143	100

Table 1.3: Immediate Causes of Death Determined from First Entry in the Death Certificate - Adult Deaths 15+ years			
ICD-10 Description	ICD-10 Code	Number	Percent
Respiratory tuberculosis, not confirmed bacteriologically or histologically	A16	206	12.1
Pneumonia, organism unspecified	J18	110	6.4
Human immunodeficiency virus [HIV] disease resulting in infectious and parasitic diseases	B20	95	5.6
Stroke, not specified as haemorrhage or infarction	I64	78	4.6
Other ill-defined and unspecified causes of mortality	R99	74	4.3
Diarrhoea and gastroenteritis of presumed infectious origin	A09	72	4.2
Other anaemias	D64	62	3.6
Heart failure	I50	61	3.6
Plasmodium falciparum malaria	B50	51	3.0
Meningitis due to other and unspecified causes	G03	51	3.0
Unspecified malaria	B54	45	2.7
Human immunodeficiency virus [HIV] disease resulting in other specified diseases	B22	38	2.2
Hypertensive heart disease	I11	34	2.0
Unspecified human immunodeficiency virus [HIV] disease	B24	29	1.7
Miliary tuberculosis	A19	23	1.4
Other septicaemia	A41	22	1.3
Unspecified diabetes mellitus	E14	19	1.1
Senility	R54	18	1.1
Anaemia in chronic diseases classified elsewhere	D63	17	1.0
Respiratory tuberculosis, bacteriologically and histologically confirmed	A15	17	1.0
Chronic renal failure	N18	16	0.9
Status asthmaticus	J46	16	0.9
Assault by unspecified means	Y09	15	0.9
Volume depletion	E86	14	0.8
Tuberculosis of other organs	A18	13	0.8
Malignant neoplasm of other and ill-defined sites	C76	13	0.8
Essential (primary) hypertension	I10	13	0.8
Acute myocardial infarction	I21	11	0.6
Asthma	J45	11	0.6
Unspecified renal failure	N19	9	0.5
Unspecified fall	W19	9	0.5
Other diseases of digestive system	K92	8	0.5
Poisoning by and exposure to alcohol, undetermined intent	Y15	8	0.5
Abdominal and pelvic pain	R10	8	0.5
Pedestrian injured in collision with car, pick-up truck or van	V03	8	0.5
Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances	X69	7	0.4
Motor-vehicle accident, type of vehicle unspecified	V89	7	0.4
Intentional self-harm by hanging, strangulation and suffocation	X70	7	0.4
Malignant neoplasm of prostate	C61	7	0.4
Other and unspecified injuries of head	S09	6	0.4
Acute renal failure	N17	6	0.4
Epilepsy	G40	6	0.4
Tuberculosis of nervous system	A17	6	0.4
Malignant neoplasm of cervix uteri	C53	6	0.3
Encephalitis, myelitis and encephalomyelitis	G04	6	0.3
Pedestrian injured in other and unspecified transport accidents	V09	6	0.3
All other Specified and Unspecified conditions among adult 15+ yrs	**	343	20.1
All adult deaths 15+ years		1705	100.0

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Theresa Chanda
John Mubanga
Peter Chewe Chileshe

N-Western Province

Kafwala Martha Masuka
Sachiteta Reuben
Moses Kayumba
Adam Muyinda
Rennes Chimwange
LilianMakunka
Mukobeka Leonard
Dainess Chipoya Daffelo
Nelly Kapanda
Kachiza Kabwita
Goodson Kabulayi
Unith Yoba
Fredrick Shicheka
Dainess D. Kafwimbi
Silva P. Katanga
Lloyd Chiyaba
John Kingwele
Kaloza Naomi
Luwita Simon
Nibby Ngweleni
Beatrice Ngolofwana
Obed Sakalundi

Southern Province

Joyce Mushe Mwachiyeya
Roy Bbumelo
Oban Chilobe
Voster K. M. Hachisaala
Evah Malambo
Makefree Chaanga
Charity Siamana M.
Prince Henry Malambo
Oliver S. Muunga
Stay Zimba
Veneranda Hamuchenje
Mutinta Hamoonga
Samson Phiri
Esther Mwiinga
Nixon Mweene
Simon Cheelo
Mirriam Bota
Frazier Kanyama
Deliah Chisasa
Simon Chizyuka
Vaine M. Hambaba
Ofrinester M. Handuwe
Roster Simuyaba
Jane Muchindu
Catherine Mungala
Snake Sikagwenu
Esnarth Mweenda
Obrien Chikumpa
Sunny Haamalambo
Rosinah Mutinta
Emelly Mazuka
Shelly Chuula
Martin Matongo
Veronica Chisulo
Lack Muleya Siambebele
Margret Simulwi Tilimboyi

Western Province

Manga Muwanei
Mooka S. Nyambe
Musole Lupasa
Musialike Sitibekiso
Kelly K. Kakungu
Yuyi Sibote
Wamundila Mundia
Reuben Mayanga Lukoma
Evans Mubweti
Lubasi Sitali
Siyanga Mushokabanji
Mwala Mukela
Meebelo Maano
Mubita Kumoyo
Nanu Nanu
Albertina Muliya
Namwaka Sikwibele
Georgina Mukuleka
Simataa Sikufuniso
Amupuela Kaiko
Alexander N. Susiku
Jeff Mutimbwa
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Costain Munsaka

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Richard Kaela	Copperbelt Province
Patrick Chuni	Eastern Province
Robson Sinkamba	Luapula Province
Mate Mate	Lusaka Province
Stephen Ngenda	Northern Province
Alfeyo Chimpunga	North-Western Province
Batista Chilopa Mwale	Southern Province
Borniface Hachoongo	Western Province

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John Kalumbi	Director
Iven Sikanyiti	Deputy Director-Social Statistics
Goodson Sinyenga	Deputy Director-Economic Statistics
Daniel Daka	Deputy Director-Agriculture Statistics
Peter Mukuka	Deputy Director-IRD
Sheila S. Mudenda	Head-Population and Demography
Palver Sikanyiti	A/Senior Demographer
Dorothy S. Kaemba	Senior Statistician
Josephine Chewe	A/Senior Demographer
Chola Nakazwe Daka	Senior Demographer

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George Chanda	Transport Officer
Josphat Katayi	Driver
Michael Kunda	Driver

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Nkonda Mwanza Chileshe
Lillian Beenzu

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Josephine Chewe
Chola Nakazwe Daka
Chibeza Magolo
Nchimunya Nkombo
Iven Sikanyiti
Chibesa Musamba
Mercy K. Chanda
Brivine Sikapande
James Mkandawire

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Chola Nakazwe Daka
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12. TECHNICAL ADVISOR

Robert Mswia

13. DESKTOP PUBLISHING STAFF

Makoselo Bowa
Anthony Nkole

SAMPLE VITAL REGISTRATION WITH VERBAL AUTOPSY QUESTIONNAIRES

CENTRAL STATISTICAL OFFICE
 NATIONALIST ROAD
 P.O. BOX 31908
 LUSAKA
 TEL: 260-01-251377



REPUBLIC OF ZAMBIA
 SAMPLE VITAL REGISTRATION WITH
 VERBAL AUTOPSY
 BASELINE CENSUS QUESTIONNAIRE

QUESTIONNAIRE NO OF

GPS CODES:
 LAT
 LOG

IDENTIFICATION																															
PROVINCE _____ DISTRICT _____ CONSTITUENCY _____ WARD _____ REGION 1. RURAL 2. URBAN CSA SEA CENSUS BUILDING NUMBER (CBN) _____ HOUSING UNIT NUMBER (HUN) _____ HOUSEHOLD NUMBER (HHN) _____ NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>																														
VILLAGE/LOCALITY _____ RESIDENTIAL ADDRESS/VILLAGE NAME _____ CHIEF/CHIEFTENESS'S AREA _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>																														

INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
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NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"><tr><td style="width: 10px; height: 10px;"></td></tr></table>									
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table> LINE NO. OF RESPONDENT TO CENSUS QUESTIONNAIRE <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>									

PERSONNEL	NAME	DATE COMPLETED	SIGNATURE
ENUMERATOR	_____	_____	_____
SUPERVISOR	_____	_____	_____

Introduction and Consent

2Baseline Census Qre..xls

Hello. My name is _____ and I am working with the Central Statistical Office
We are conducting a census of the population in this community. We want to find out the total number of households and population living in this community. In this census, we are interested in all members of the household (including babies), and all visitors present in the household.

The government is interested in knowing the number of people in this community so that the information can be used to plan adequately for social services including hospitals and clinics.

The interview usually takes about 20-30 minutes

Your participation in this census is very important and you should be aware that your answers will be kept strictly confidential and used by government and other stakeholders in improving the social services such as clinics and hospitals in your community.

We hope that you will participate in this census because your views are very important.

At this time, do you want to ask me anything about the census?

May I begin the interview now?

No, consent for participation not given (): Interviewer Signature : _____

Yes, Consent for participation given (): Interviewer Signature : _____

Date: _____

If you have any questions about this census, please contact:

Ms. Sheila S. Mudenda
Principal Investigator
Central Statistical Office
P.O Box 31908
Lusaka
Telephone 01251377

If you ever have questions about your rights or ethics as a research subject, please Contact:

Dr E.M.Nkandu
UNZA Ethics Office
Ridgeway Campus
P.O Box 50110
Lusaka
Telephone 260-1-256067

HOUSEHOLD SCHEDULE

PID NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	IF AGE 12 OR OLDER	IF AGE 5 YEARS OR OLDER	IF AGE 12 YEARS OR OLDER	IF AGE 0 TO 17 YEARS		
					MARITAL STATUS	EVER ATTENDED SCHOOL	EMPLOYMENT	SURVIVORSHIP OF BIOLOGICAL PARENT		
	Please give me the names . of the persons who usually live in your household	What is the relationship of (NAME) to the head of the household? 01 = HEAD 02 = Spouse 03 = SON/DAUGHTER 04 = SON IN LAW OR DAUGHTER IN LAW 05 = GRANDCHILD 06 = PARENT 07 = PARENT IN LAW 08 = BROTHER/ SISTER 09 = AUNTIE/UNCLE 10 = NEPHEW/NIECE 11 = OTHER 12 = NOT RELATED	Is (NAME) male or female?	How old is (NAME)? In completed years if less than a year enter 000'	What is (NAME'S) current marital status? 1 = MARRIED 2 = LIVING TOGETHER 3 = DIVORCED 4 = SEPARATED 5 = WIDOWED 6 = NEVER-MARRIED	Has (NAME) ever attended school? SEE CODES BELOW. SEE CODES BELOW.	What is the highest level of education (NAME) has attended? SEE CODES BELOW.	What is (NAME)'s current employment status? 01 = IN WAGE EMPLOYMENT 02 = SELF EMPLOYED 03 = NOT WORKING 04 = FULL TIME STUDENT 05 = HOME MAKER 06 = UNPAID FAMILY WORKER 07 = RETIRED 08 = OTHER (SPECIFY)	Is (NAME)'s biological mother alive?	Is (NAME)'s biological father alive?
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
01		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	Y N 1 2 ↓ GO TO 8	LEVEL <input type="checkbox"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
02		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	1 2 ↓ GO TO 8	<input type="checkbox"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
03		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	1 2 ↓ GO TO 8	<input type="checkbox"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
04		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	1 2 ↓ GO TO 8	<input type="checkbox"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
05		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	1 2 ↓ GO TO 8	<input type="checkbox"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
06		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	1 2 ↓ GO TO 8	<input type="checkbox"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
07		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	1 2 ↓ GO TO 8	<input type="checkbox"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
08		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	1 2 ↓ GO TO 8	<input type="checkbox"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
09		<input type="text"/>	1 2	<input type="text"/>	<input type="checkbox"/>	1 2 ↓ GO TO 8	<input type="checkbox"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8

0 = NURSERY/KINDERGARTEN 1 = PRIMARY 2 = SECONDARY 3 = HIGHER 8 = DONT KNOW

Informed Consent for Parent/Guardian of 12-17 Year Old Respondent

My name is _____ and I am working with the Central Statistical Office.

We are conducting a census on health issues focusing on reproductive health and birth of children. The government wants to find out the number of children born to women in this community each year. Among the information of interest to government is the age of the mother, the place where the birth occurs, the type of birth (whether it a single birth or multiple birth), nature of birth (whether it is a natural birth or caesarean birth), the birth order (i.e. number of births before the current birth), the education level of the mother etc.

This information will be used to plan adequately for social services including antenatal services, child and maternal health services etc

As part of the research study, we would like to interview any person who is a usual resident of this household and who is between the ages of 12-49. I see from the household roster that [GIVEN NAME/INITIALS] is living in this household. Because [GIVEN NAME/INITIALS] is not yet 18 years of age, I need to obtain the permission of her parent or guardian before contacting her and asking about participation in the census

If you, as her [RELATIONSHIP] authorize me to do so, I will speak to him/her and provide the following information about the census, and then ask whether he/she agrees to participate. This same information is provided to all persons eligible to be interviewed, with two additions. No parents or guardians may be present at the interview with their child, and they will not be told how the adolescent answered refuse to participate even though permission to contact them has been granted by a parent or guardian, and they are also told that their responses will not be revealed to their parents or anyone else in the household

I will explain to [GIVEN NAME/INITIALS] that, if she agrees to participate in the census, I will ask some personal questions that some people might find difficult to answer, and that honest answers are very important to help us understand the needs of people in [name of city, village, or area]. I will explain that all her answers are completely confidential, and names are not recorded

I will also explain that she does not have to answer any question she doesn't want to answer, that she can end the interview at any time, and that the interview will take about 5 minutes. Finally, I will explain that we would greatly appreciate her help in responding to the census, even though we are not able to offer any financial or other compensation.

We do not expect that there will be any risks associated with participation in the study. In the interview, we will also ask her about all the children that she has ever given birth to, including those born alive but died soon after birth or in infancy. We understand that talking about death can be a sensitive matter. Some people may find these topics sensitive or embarrassing to talk about.

Her participation in this part of the census is very important and voluntary. We hope she will participate in this census because her views are very important.

Do you, as the parent or a person acting in place of the parent, authorize me to contact [GIVEN NAME/INITIALS] to request permission to interview, and to interview her if she agrees to be interviewed?

Signature of Enumerator,

Date of Parental Informed Consent to certify that Parental informed consent/authorization

If you have any questions about this survey, please contact:

Ms. Sheila S. Mudenda
Principal Investigator
Central Statistical Office
P.O Box 31908
Lusaka
Telephone 01251377

If you ever have questions about your rights or ethics as a research subject, please Contact:

Dr E.M.Nkandu
UNZA Ethics Office
Ridgeway Campus
P.O Box 50110
Lusaka
Telephone 260-1-256067

INFORMED CONSENT for interview with woman aged 12-49 (for births)

Hello. My name is _____ and I am working with the Central Statistical Office.

We are conducting a census of the population in this community. We want to find out the total number of households and population living in this community. In this census, we are interested in all members of the household (including babies), and all visitors present in the household.

In this census, the government is also interested in learning about the number of children born to women in this community so that the information can be used to plan adequately for social services including hospitals, clinics and schools.

The interview usually takes about 20 to 40 minutes.

In the interview, we will ask you about all the children that you have ever given birth to, including those born alive but died soon after birth or in infancy. We understand that talking about death can be a sensitive matter. So if we come to a question you don't want to answer, just tell me and I will go on to the next question. You may also stop the interview at any time. But we hope you can help so that we can collect accurate and complete information concerning the number of children ever born alive to you. What you tell us will be kept strictly confidential.

Your participation in this part of the census is very important and voluntary. We hope that you will participate in this census because your views are very important.

At this time, do you want to ask me anything about the census?

May I begin the interview now?

No, consent for participation not given (): Interviewer Signature : _____

Yes, Consent for participation given (): Interviewer Signature : _____

If you have any questions about this survey, please contact:

Ms. Margaret Mwanamwenge
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Telephone 01251377

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Ridgeway Campus
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Telephone 260-1-256067

DEATHS IN THE HOUSEHOLD

CODING CATEGORIES

DH 1	Is there a usual member of this household who died in the last 12 months?	YES 1		
		NO 2	→END	
		1ST DEATH	2ND DEATH	3RD DEATH
DH 2	Was this person male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
DH 3	How old was this person?	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>

INFORMED CONSENT for interview with woman aged 12-49 (for births)

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ZAMBIA VERBAL AUTOPSY QUESTIONNAIRE 1

DEATH OF A CHILD AGED UNDER 4 WEEKS (0 TO 27 DAYS)

ID/CONTROL/REFERENCE NUMBER

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SECTION 1.1 INTERVIEWER VISITS																																		
	1	2	3	FINAL VISIT																														
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					2	0																								
2	0																																	
INTERVIEWER'S NAME	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																														
RESULT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																															
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>																														
TIME	_____	_____																																
RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 NO APPROPRIATE RESPONDENT FOUND 7 OTHER _____ (SPECIFY)																																		
PLACE NAME _____ ADDRESS/DIRECTIONS TO HOUSEHOLD _____ _____ _____																																		
SECTION 1.2 ADDITIONAL DEMOGRAPHIC INFORMATION																																		
(FOR USE IN SAMPLE VITAL REGISTRATION OR DEMOGRAPHIC SURVEILLANCE SITE)																																		
PROVINCE	_____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																
DISTRICT	_____																																	
CONSTITUENCY	_____																																	
WARD	_____																																	
REGION	1. RURAL 2. URBAN																																	
CSA																																	
SEA																																	
CENSUS BUILDING NUMBER (CBN)																																	
HOUSING UNIT NUMBER (HUN)																																	
HOUSEHOLD NUMBER (HHN)																																	
NAME OF HOUSEHOLD HEAD	_____																																	
VILLAGE/LOCALITY	_____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																
RESIDENTIAL ADDRESS/VILLAGE NAME	_____																																	
CHIEF'S AREA	_____																																	

INFORMED CONSENT for Death Verbal Autopsy Interview (ENGLISH)

Hello. My name is _____ and I am working with the Central Statistical Office. We are conducting a survey on health issues focusing on cause of death among women, men and children in this community. The government wants to learn about the major causes of death among different age groups of people and the impact that health programmes are having in reducing the burden of disease and death in the community. This will help the government plan for health services and programmes to combat various diseases affecting the population in your community.

As part of this effort, we are doing interviews in households where a death has happened to help determine the cause of death.

The interview usually takes about 20 to 40 minutes.

We understand that talking about the health of the deceased can be a sensitive matter. What you tell us will be kept strictly confidential and only the few carefully trained people on the survey team will have access to it. No report will include individual names or home locations. Reports will focus on counts of death by type of death.

Your participation in this survey is very important and voluntary. You should be aware that your answers about the deceased may say something about your own health. So if we come to a question you don't want to answer, just tell me and I will go on to the next question. You may also stop the interview at any time. We hope that you will participate in this survey because your views are very important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

No, consent for participation not given (): Interviewer Signature : _____

Yes, Consent for participation given (): Interviewer Signature : _____

Date: _____

If you have any questions about this survey, please contact:

Ms. Sheila S. Mudenda
Principal Investigator
Central Statistical Office
P.O Box 31908
Lusaka
Telephone 260-1-251377

If you ever have questions about your rights or ethics as a research subject, please contact:

Dr E.M.Nkandu
UNZA Ethics Office
Ridgeway Campus
P.O Box 50110
Lusaka
Telephone 260-1-256067

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
SECTION 5. PREGNANCY HISTORY																																																			
501	I would like to ask you some questions concerning the mother and symptoms that the deceased had/showed at birth and shortly after. Some of these questions may not appear to be directly related to the baby's 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.																																																		
502	How many births, including stillbirths, did the mother have before this baby?	NUMBER OF BIRTHS/ STILLBIRTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																																																	
503	How many months was the pregnancy when the baby was born?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																																																	
504	Did the pregnancy end earlier than expected?	YES 1 NO 2 DON'T KNOW 8	→ 506 → 506																																																
505	How many weeks before the expected date of delivery?	WEEKS <input type="text"/> <input type="text"/> DON'T KNOW 98																																																	
506	During the pregnancy did the mother suffer from any of the following known illnesses: 1 High blood pressure? 2 Heart disease? 3 Diabetes? 4 Epilepsy/convulsion? 5 Did she suffer from any other medically diagnosed illness?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>HIGH BLOOD PRESSURE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HEART DISEASE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DIABETES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EPILEPSY/CONVULSION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td colspan="4" style="text-align: center;">_____ ↓ (SPECIFY)</td> </tr> </tbody> </table>		YES	NO	DK	HIGH BLOOD PRESSURE	1	2	8	HEART DISEASE	1	2	8	DIABETES	1	2	8	EPILEPSY/CONVULSION	1	2	8	OTHER	1	2	8	_____ ↓ (SPECIFY)																								
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507	During the last 3 months of pregnancy did the mother suffer from any of the following illnesses: 01 Vaginal bleeding? 02 Smelly vaginal discharge? 03 Puffy face? 04 Headache? 05 Blurred vision? 06 Convulsion? 07 Febrile illness? 08 Severe abdominal pain that was not labor pain? 09 Pallor and shortness of breath (both present)? 10 Did she suffer from any other illness?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>VAGINAL BLEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SVELLY VAGINAL DISCHARGE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PUFFY FACE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HEADACHE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BLURRED VISION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CONVULSION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FEBRILE ILLNESS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEVERE ABDOMINAL PAIN (NOT LABOR PAIN)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PALLOR/SHORTNESS OF BREATH (BOTH)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER ILLNESS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td colspan="4" style="text-align: center;">_____ ↓ (SPECIFY)</td> </tr> </tbody> </table>		YES	NO	DK	VAGINAL BLEEDING	1	2	8	SVELLY VAGINAL DISCHARGE	1	2	8	PUFFY FACE	1	2	8	HEADACHE	1	2	8	BLURRED VISION	1	2	8	CONVULSION	1	2	8	FEBRILE ILLNESS	1	2	8	SEVERE ABDOMINAL PAIN (NOT LABOR PAIN)	1	2	8	PALLOR/SHORTNESS OF BREATH (BOTH)	1	2	8	OTHER ILLNESS	1	2	8	_____ ↓ (SPECIFY)				
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_____ ↓ (SPECIFY)																																																			
508	Was the child a single or multiple birth?	SINGLETON 1 TWIN 2 TRIPLET OR MORE 3 DON'T KNOW 8	→ 601 → 601																																																
509	What was the birth order of the child that died?	FIRST 1 SECOND 2 THIRD OR HIGHER 3 DON'T KNOW 8																																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
SECTION 7. CONDITION OF THE BABY SOON AFTER BIRTH											
701	At birth what was the size of the baby?	SMALLER THAN NORMAL 1 NORMAL 2 LARGER THAN NORMAL 3 DON'T KNOW 8									
702	Was the baby premature?	YES 1 NO 2 DON'T KNOW 8	→ 704 → 704								
703	How many months or weeks was the pregnancy? INDICATE PERIOD OF PREGNANCY	MONTHS 1 <table border="1" data-bbox="1312 411 1401 478" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" data-bbox="1312 478 1401 546" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 9 9 8									
704	What was the birth weight of the baby?	KILOGRAMS <table border="1" data-bbox="1291 569 1401 621" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> . <table border="1" data-bbox="1352 569 1401 621" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 9 8									
705	Was anything applied to the umbilical cord stump after birth?	YES 1 NO 2 DON'T KNOW 8	→ 707 → 707								
706	What was it?	_____ _____ _____ (SPECIFY)									
707	Were there any signs of injury or broken bones?	YES 1 NO 2 DON'T KNOW 8	→ 709 → 709								
708	Where were marks or signs of injury?	_____ _____ _____ (SPECIFY)									
709	Was there any sign of paralysis?	YES 1 NO 2 DON'T KNOW 8									
710	Did the baby have any malformation?	YES 1 NO 2 DON'T KNOW 8	→ 712 → 712								
711	What kind of malformation did the baby have?	SWELLING/DEFECT ON THE BACK 1 VERY LARGE HEAD 2 VERY SMALL HEAD 3 DEFECT OF LIP AND/OR PALATE 4 OTHER MALFORMATION 6 _____ (SPECIFY) DON'T KNOW 8									
712	What was the color of the baby at birth?	NORMAL 1 PALE 2 BLUE 3 DON'T KNOW 8									
713	Did the baby breathe after birth, even a little?	YES 1 NO 2 DON'T KNOW 8									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	Was the baby given assistance to breathe?	YES 1 NO 2 DON'T KNOW 8	
715	Did the baby ever cry after birth, even a little?	YES 1 NO 2 DON'T KNOW 8	
716	Did the baby ever move, even a little?	YES 1 NO 2 DON'T KNOW 8	
717	CHECK 713, 715, AND 716 FOR CODES 'NO': ALL THREE CODES 'NO': THE BABY DIDN'T BREATHE, THE BABY DIDN'T CRY, THE BABY DIDN'T MOVE	OTHER: <input type="checkbox"/> _____ →	801
718	If the baby did not cry, breathe or move, was it born dead?	YES 1 NO 2 DON'T KNOW 8	→ 801 → 801
719	Was the baby macerated, that is, showed signs of decay?	YES 1 NO 2 DON'T KNOW 8	→ 1001 → 1001 → 1001

SECTION 8. HISTORY OF INJURIES/ACCIDENTS (FOR BABIES BORN ALIVE)

801	Did the baby suffer from any injury or accident that led to her/his death?	YES 1 NO 2 DON'T KNOW 8	→ 804 → 804
802	What kind of injury or accident did the baby suffer?	ROAD TRAFFIC ACCIDENT 01 FALL 02 DROWNING 03 POISONING 04 BURNS 05 VIOLENCE/ASSAULT 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
803	Was the injury or accident intentionally inflicted by someone else?	YES 1 NO 2 DON'T KNOW 8	
804	Did the baby suffer from any animal/insect bite that led to her/his death?	YES 1 NO 2 DON'T KNOW 8	→ 901 → 901
805	What type of animal/insect?	DOG 1 SNAKE 2 INSECT 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 9. NEONATAL ILLNESS HISTORY			
901	Was the baby ever able to suckle or bottle-feed?	YES 1 NO 2 DON'T KNOW 8	→ 905 → 905
902	How soon after birth did the baby suckle or bottle-feed?	HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
903	Did the baby stop suckling or bottle-feeding?	YES 1 NO 2 DON'T KNOW 8	→ 905 → 905
904	How many days after birth did the baby stop suckling or bottle-feeding?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
905	Was the breastfeeding exclusive?	YES 1 NO 2 DON'T KNOW 8	
906	Did the baby have convulsions?	YES 1 NO 2 DON'T KNOW 8	→ 908 → 908
907	How soon after birth did the convulsions start?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
908	Did the baby become stiff and arched backwards?	YES 1 NO 2 DON'T KNOW 8	
909	Did the child have bulging of the fontanelle?	YES 1 NO 2 DON'T KNOW 8	→ 911 → 911
910	How many days after birth did the baby have the bulging?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
911	Did the baby become unresponsive or unconscious?	YES 1 NO 2 DON'T KNOW 8	→ 913 → 913
912	How many days after birth did the baby become unresponsive or unconscious?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
913	Did the baby have a fever?	YES 1 NO 2 DON'T KNOW 8	→ 915 → 915
914	How many days after birth did the baby have a fever?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Did the baby become cold to the touch?	YES 1 NO 2 DON'T KNOW 8	917 →917
916	How many days after birth did the baby become cold to the touch?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
917	Did the baby have a cough?	YES 1 NO 2 DON'T KNOW 8	919 →919
918	How many days after birth did the baby start to cough?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
919	Did the baby have fast breathing?	YES 1 NO 2 DON'T KNOW 8	921 →921
920	How many days after birth did the baby start breathing fast?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
921	Did the baby have difficulty breathing?	YES 1 NO 2 DON'T KNOW 8	923 →923
922	How many days after birth did the baby start having difficulty in breathing?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
923	Did the baby have chest indrawing?	YES 1 NO 2 DON'T KNOW 8	
924	Did the baby have grunting? DEMONSTRATE	YES 1 NO 2 DON'T KNOW 8	
925	Did the baby have flaring of the nostrils?	YES 1 NO 2 DON'T KNOW 8	
926	Did the baby have diarrhea?	YES 1 NO 2 DON'T KNOW 8	930 →930
927	How many days after birth did the baby have diarrhea?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
928	When the diarrhea was most severe, how many times did the baby pass stools in a day?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
929	Was there blood in the stools?	YES 1 NO 2 DON'T KNOW 8	
930	Did the baby have vomiting?	YES 1 NO 2 DON'T KNOW 8	933 →933
931	How many days after birth did vomiting start?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
932	When the vomiting was most severe, how many times did the baby vomit in a day?	NUMBER OF TIMES A DAY <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
933	Did the baby have abdominal distension?	YES 1 NO 2 DON'T KNOW 8	935 →935
934	How many days after birth did the baby have abdominal distension?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
935	Did the baby have redness or discharge from the umbilical cord stump?	YES 1 NO 2 DON'T KNOW 8	
936	Did the baby have a pustular skin rash?	YES 1 NO 2 DON'T KNOW 8	
937	Did the baby have yellow palms or soles?	YES 1 NO 2 DON'T KNOW 8	1001 →1001
938	How many days after birth did the yellow palms or soles begin?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
939	For how many days did the baby have yellow palms or soles?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	

SECTION 10. MOTHER'S HEALTH AND CONTEXTUAL FACTORS

1001	What was the age of the mother at the time the baby died?	YEARS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
1002	Did the mother receive antenatal care?	YES 1 NO 2 DON'T KNOW 8	
1003	Did the mother receive tetanus toxoid (TT) vaccine?	YES 1 NO 2 DON'T KNOW 8	1005 →1005
1004	How many doses?	NUMBER OF DOSES <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
1005	How is the mother's health now?	HEALTHY 1 ILL 2 NOT ALIVE 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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SECTION 11 TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS (Not Applicable for Still Births)

1101	Did the baby receive any treatment for the illness that led to death?	YES 1 NO 2 DON'T KNOW 8	→ 1201 → 1201																																												
1102	Can you please list the treatments the baby was given for the illness that led to death? COPY FROM PRESCRIPTION/DISCHARGE NOTES IF AVAILABLE	_____ _____ _____																																													
1103	Please tell me at which of the following places or facilities the baby received treatment during the illness that led to death: 1 Home? 2 Traditional healer? 3 Government clinic? 4 Government hospital? 5 Private clinic? 6 Private hospital? 7 Pharmacy, drug seller, store? 8 Faith based facilities 9 Hospice 10 Any other place or facility?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>HOME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TRADITIONAL HEALER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>GOVERNMENT CLINIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>GOVERNMENT HOSPITAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>PRIVATE CLINIC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>PRIVATE HOSPITAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>PHARMACY, DRUG SELLER, STORE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>FAITH BASED FACILITIES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>HOSPICE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	HOME	1	2	8	TRADITIONAL HEALER	1	2	8	GOVERNMENT CLINIC	1	2	8	GOVERNMENT HOSPITAL	1	2	8	PRIVATE CLINIC	1	2	8	PRIVATE HOSPITAL	1	2	8	PHARMACY, DRUG SELLER, STORE	1	2	8	FAITH BASED FACILITIES	1	2	8	HOSPICE	1	2	8	OTHER _____ (SPECIFY)	1	2	8	
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1104	In the period before death, how many contacts with formal health services did the baby have?	NUMBER OF CONTACTS <input type="text"/> <input type="text"/> DON'T KNOW 9 8																																													
1105	Did a health care worker tell you the cause of death?	YES 1 NO 2 DON'T KNOW 8	→ 1201 → 1201																																												
1106	What did the health care worker say?	_____ _____ _____																																													

SECTION 12 DATA ABSTRACTED FROM DEATH CERTIFICATE

1201	Do you have a death certificate for the baby?	YES 1 NO 2 DON'T KNOW 8	→ 1301 → 1301						
1202	Can I see the death certificate? COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICATE.	<table border="0"> <thead> <tr> <th style="text-align: center;">DAY</th> <th style="text-align: center;">MONTH</th> <th style="text-align: center;">YEAR</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </tbody> </table>	DAY	MONTH	YEAR	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1203	COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE.	<table border="0"> <thead> <tr> <th style="text-align: center;">DAY</th> <th style="text-align: center;">MONTH</th> <th style="text-align: center;">YEAR</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </tbody> </table>	DAY	MONTH	YEAR	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
DAY	MONTH	YEAR							
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1204	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE: _____								
1205	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY): _____								
1206	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY): _____								
1207	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY): _____								

SECTION 13. DATA ABSTRACTED FROM OTHER HEALTH RECORDS							
1301	OTHER HEALTH RECORDS AVAILABLE	YES 1 NO 2	→ 1311				
1302	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE. (RECORD INFORMATION ABOUT MOTHER AND STILLBORN DECEASED CHILD)						
1303	CERTIFICATE OF CAUSE OF DEATH _____ _____						
1304	POST MORTEM RESULTS (CAUSE OF DEATH) _____ _____						
1305	MCH/ANC AND UNDER FIVE CARD (RELEVANT INFORMATION) _____ _____						
1306	HOSPITAL PRESCRIPTION / MEDICINE PACKAGE OR BOTTLES (RELEVANT INFORMATION) _____ _____						
1307	TREATMENT CARDS (RELEVANT INFORMATION) _____ _____						
1308	HOSPITAL DISCHARGE (RELEVANT INFORMATION) _____ _____						
1309	LABORATORY RESULTS (RELEVANT INFORMATION) _____ _____						
1310	OTHER HOSPITAL DOCUMENTS SPECIFY: _____ _____ _____						
1311	RECORD THE TIME AT THE END OF INTERVIEW	HOURS MINUTES	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

INFORMED CONSENT for Death Verbal Autopsy Interview (ENGLISH)

Hello. My name is _____ and I am working with the Central Statistical Office. We are conducting a survey on health issues focusing on cause of death among women, men and children in this community. The government wants to learn about the major causes of death among different age groups of people and the impact that health programmes are having in reducing the burden of disease and death in the community. This will help the government plan for health services and programmes to combat various diseases affecting the population in your community.

As part of this effort, we are doing interviews in households where a death has happened to help determine the cause of death.

The interview usually takes about 20 to 40 minutes.

We understand that talking about the health of the deceased can be a sensitive matter. What you tell us will be kept strictly confidential and only the few carefully trained people on the survey team will have access to it. No report will include individual names or home locations. Reports will focus on counts of death by type of death.

Your participation in this survey is very important and voluntary. You should be aware that your answers about the deceased may say something about your own health. So if we come to a question you don't want to answer, just tell me and I will go on to the next question. You may also stop the interview at any time. We hope that you will participate in this survey because your views are very important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

No, consent for participation not given (): Interviewer Signature : _____

Yes, Consent for participation given (): Interviewer Signature : _____

Date: _____

If you have any questions about this survey, please contact:

Ms. Sheila S. Mudenda
Principal Investigator
Central Statistical Office
P.O Box 31908
Lusaka
Telephone 260-1-251377

If you ever have questions about your rights or ethics as a research subject, please contact:

Dr E.M.Nkandu
UNZA Ethics Office
Ridgeway Campus
P.O Box 50110
Lusaka
Telephone 260-1-256067

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH

401	<p>Could you tell me about the illness/events that led to her his/death?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
402	<p>FIRST CAUSE OF DEATH ACCORDING TO RESPONDENT</p> <p>_____</p>	
403	<p>SECOND CAUSE OF DEATH ACCORDING TO RESPONDANT</p> <p>_____</p>	

SECTION 5. HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS

501	<p>I would like to ask you some questions concerning 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.</p> <p>Please tell me if the deceased suffer from any of the following illnesses:</p>		
502	Heart disease?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
503	Diabetes?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
504	Asthma?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
505	Epilepsy?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
506	Malnutrition?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
507	Cancer?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>509</p> <p>509</p>
508	Can you specify the type or site of cancer?	<p>TYPE/SITE _____</p> <p>_____</p>	
509	Tuberculosis?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
510	HIV/AIDS?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
511	Did s/he suffer from any other medically diagnosed illness?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>601</p> <p>601</p>
512	Can you specify the illness?	<p>ILLNESS _____</p> <p>_____</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 6 HISTORY OF INJURIES/ACCIDENTS			
601	Did s/he suffer from any injury or accident that led to her/his death?	YES 1 NO 2 DON'T KNOW 8	→ 604 → 604
602	What kind of injury or accident did the deceased suffer?	ROAD TRAFFIC ACCIDENT 01 FALL 02 DROWNING 03 POISONING 04 BURNS 05 VIOLENCE/ASSAULT 06 OTHER _____ 96 (SPECIFY)	
603	Was the injury or accident intentionally inflicted by someone else?	YES 1 NO 2 DON'T KNOW 8	
604	CHECK QUESTION 304 FOR AGE AT DEATH: 10 YEARS OR OLDER <input type="checkbox"/> UNDER 10 YEARS <input type="checkbox"/>		606
605	Do you think that s/he committed suicide?	YES 1 NO 2 DON'T KNOW 8	
606	Did s/he suffer from any animal/insect bite that led to her/his death?	YES 1 NO 2 DON'T KNOW 8	→ 608 → 608
607	What type of animal/insect?	DOG 1 SNAKE 2 INSECT 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
608	CHECK QUESTION 304 FOR AGE AT DEATH: UNDER ONE YEAR <input type="checkbox"/> ONE YEAR OR OLDER <input type="checkbox"/>		801
SECTION 7. SYMPTOMS AND SIGNS NOTED DURING THE FINAL ILLNESS OF INFANTS [FOR INFANTS UNDER 1 YEAR]			
701	Was the child small at birth?	YES 1 NO 2 DON'T KNOW 8	
702	Was the child born prematurely?	YES 1 NO 2 DON'T KNOW 8	→ 704 → 704
703	How many months or weeks premature? INDICATE PERIOD OF PREGNANCY	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
704	Was the child growing normally?	YES 1 NO 2 DON'T KNOW 8	
705	Did the child have bulging of the fontanelle?	YES 1 NO 2 DON'T KNOW 8	→ 801 → 801
706	For how many days before death did s/he have the bulging?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
SECTION 8. STATUS OF MOTHER AND SYMPTOMS NOTED DURING THE FINAL ILLNESS FOR ALL CHILDREN							
801	How is the mother's health now?	HEALTHY 1 ILL 2 NOT ALIVE 3 DON'T KNOW 8					
802	For how long was the child ill before s/he died?	DAYS 1 <table border="1" data-bbox="1333 321 1422 426"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 DON'T KNOW 9 9 8					
803	Did s/he have a fever?	YES 1 NO 2 DON'T KNOW 8	→808 →808				
804	For how long did s/he have a fever?	DAYS 1 <table border="1" data-bbox="1333 579 1422 684"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 DON'T KNOW 9 9 8					
805	Was the fever severe?	YES 1 NO 2 DON'T KNOW 8					
806	Was the fever continuous or on and off?	CONTINUOUS 1 ON AND OFF 2 DON'T KNOW 8					
807	Did s/he have chills/rigor?	YES 1 NO 2 DON'T KNOW 8					
808	Did s/he have a cough?	YES 1 NO 2 DON'T KNOW 8	→812 →812				
809	For how long did s/he have a cough?	DAYS 1 <table border="1" data-bbox="1333 1140 1422 1245"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 DON'T KNOW 9 9 8					
810	Was the cough severe?	YES 1 NO 2 DON'T KNOW 8					
811	Did the child vomit after he/she coughed?	YES 1 NO 2 DON'T KNOW 8					
812	Did s/he have fast breathing?	YES 1 NO 2 DON'T KNOW 8	→814 →814				
813	For how long did s/he have fast breathing?	DAYS <table border="1" data-bbox="1333 1600 1422 1663"><tr><td></td><td></td></tr></table> DON'T KNOW 9 8					
814	Did s/he have difficulty in breathing?	YES 1 NO 2 DON'T KNOW 8	→816 →816				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	For how long did s/he have difficulty in breathing?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
816	Did s/he have chest indrawing?	YES 1 NO 2 DON'T KNOW 8	→ 818 → 818
817	For how long did s/he have chest indrawing?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
818	Did s/he have noisy breathing (grunting or wheezing)? DEMONSTRATE	YES 1 NO 2 DON'T KNOW 8	
819	Did s/he have flaring of the nostrils?	YES 1 NO 2 DON'T KNOW 8	
820	Did s/he have diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 824 → 824
821	For how long did s/he have diarrhea?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
822	When the diarrhea was most severe, how many times did s/he pass stool in a day?	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
823	At any time during the final illness was there blood in the stool?	YES 1 NO 2 DON'T KNOW 8	
824	Did s/he vomit?	YES 1 NO 2 DON'T KNOW 8	→ 827 → 827
825	For how long did s/he vomit?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
826	When the vomiting was most severe, how many times did s/he vomit in a day?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
827	Did s/he have abdominal pain?	YES 1 NO 2 DON'T KNOW 8	→ 830 → 830

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
828	For how long did s/he have abdominal pain?	DAYS 1 <input type="checkbox"/> <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 9 9 8	
829	Was the abdominal pain severe?	YES 1 NO 2 DON'T KNOW 8	
830	Did s/he have abdominal distension?	YES 1 NO 2 DON'T KNOW 8	→ 834 → 834
831	For how long did s/he have abdominal distension?	DAYS 1 <input type="checkbox"/> <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 9 9 8	
832	Did the distension develop rapidly within days or gradually over months?	RAPIDLY WITHIN DAYS 1 GRADUALLY OVER MONTHS 2 DON'T KNOW 8	
833	Was there a period of a day or longer during which s/he did not pass any stool?	YES 1 NO 2 DON'T KNOW 8	
834	Did s/he have any mass in the abdomen?	YES 1 NO 2 DON'T KNOW 8	→ 836 → 836
835	For how long did s/he have the mass in the abdomen?	DAYS 1 <input type="checkbox"/> <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 9 9 8	
836	Did s/he have headache?	YES 1 NO 2 DON'T KNOW 8	→ 839 → 839
837	For how long did s/he have headache?	DAYS 1 <input type="checkbox"/> <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 9 9 8	
838	Was the headache severe?	YES 1 NO 2 DON'T KNOW 8	
839	Did s/he have a stiff or painful neck?	YES 1 NO 2 DON'T KNOW 8	→ 841 → 841
840	For how long did s/he have a stiff or painful neck?	DAYS <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 9 8	
841	Did s/he become unconscious?	YES 1 NO 2 DON'T KNOW 8	→ 844 → 844

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
842	For how long was s/he unconscious?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8																	
843	Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY 1 FAST (IN A DAY) 2 SLOWLY (MANY DAYS) 3 DON'T KNOW 8																	
844	Did s/he have convulsions?	YES 1 NO 2 DON'T KNOW 8	→ 846 → 846																
845	For how long did s/he have convulsions?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8																	
846	Did s/he have paralysis of the lower limbs?	YES 1 NO 2 DON'T KNOW 8	→ 849 → 849																
847	How long did s/he have paralysis of the lower limbs?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8																	
848	Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY 1 FAST (IN A DAY) 2 SLOWLY (MANY DAYS) 3 DON'T KNOW 8																	
849	Was there any change in the amount of urine s/he passed daily?	YES 1 NO 2 DON'T KNOW 8	→ 852 → 852																
850	For how long did s/he have the change in the amount of urine s/he passed daily?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8																	
851	How much urine did s/he pass? (READ OUT ANSWERS)	TOO MUCH 1 TOO LITTLE 2 NO URINE AT ALL 3 DON'T KNOW 8																	
852	During the illness that led to death, did s/he have any skin rash?	YES 1 NO 2 DON'T KNOW 8	→ 856 → 856																
853	For how long did s/he have the skin rash?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8																	
854	Was the rash located on: 1 The face? 2 The trunk? 3 On the arms and legs?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>FACE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TRUNK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ARMS AND LEGS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	FACE	1	2	8	TRUNK	1	2	8	ARMS AND LEGS	1	2	8	
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855	What did the rash look like?	MEASLES RASH 1 RASH WITH CLEAR FLUID 2 RASH WITH PUS 3 DON'T KNOW 8																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
856	Did s/he have red eyes?	YES 1 NO 2 DON'T KNOW 8																													
857	Did s/he have bleeding from the nose, mouth, or anus?	YES 1 NO 2 DON'T KNOW 8																													
858	Did s/he have weight loss?	YES 1 NO 2 DON'T KNOW 8	→ 861 → 861																												
859	For how long before death did s/he have the weight loss?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 9 9 8																													
860	Did s/he look very thin and wasted?	YES 1 NO 2 DON'T KNOW 8																													
861	Did s/he have mouth sores or white patches in the mouth or on the tongue?	YES 1 NO 2 DON'T KNOW 8	→ 863 → 863																												
862	For how long did s/he have mouth sores or white patches in the mouth or on the tongue?	DAYS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 9 8																													
863	Did s/he have any swelling?	YES 1 NO 2 DON'T KNOW 8	→ 866 → 866																												
864	For how long did s/he have the swelling?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 9 9 8																													
865	Was the swelling on: 1 The face? 2 The joints? 3 The ankles? 4 The whole body? 5 Any other place?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>FACE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>JOINTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ANKLES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>WHOLE BODY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER PLACE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SPECIFY: _____ ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	DK	FACE	1	2	8	JOINTS	1	2	8	ANKLES	1	2	8	WHOLE BODY	1	2	8	OTHER PLACE	1	2	8	SPECIFY: _____ ↓				
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866	Did s/he have any lumps?	YES 1 NO 2 DON'T KNOW 8	→ 869 → 869																												
867	For how long did s/he have the lumps?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 9 9 8																													
868	Were the lumps on: 1 The neck? 2 The armpit? 3 The groin? 4 Any other place?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>NECK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ARMPIT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>GROIN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER PLACE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SPECIFY: _____ ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	DK	NECK	1	2	8	ARMPIT	1	2	8	GROIN	1	2	8	OTHER PLACE	1	2	8	SPECIFY: _____ ↓								
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
869	Did s/he have yellow discoloration of the eyes?	YES 1 NO 2 DON'T KNOW 8	→ 871 → 871
870	For how long did s/he have the yellow discoloration of the eyes?	DAYS 1 <input type="checkbox"/> <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 9 9 8	
871	Did her/his hair color change to reddish or yellowish?	YES 1 NO 2 DON'T KNOW 8	→ 873 → 873
872	For how long did s/he have reddish/yellowish hair?	DAYS 1 <input type="checkbox"/> <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 9 9 8	
873	Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?	YES 1 NO 2 DON'T KNOW 8	→ 875 → 875
874	For how long did s/he look pale (thinning/lack of blood) or have pale palms, eyes, or nail beds?	DAYS <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 9 8	
875	Did s/he have sunken eyes?	YES 1 NO 2 DON'T KNOW 8	→ 901 → 901
876	For how long did s/he have sunken eyes?	DAYS <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
SECTION 9. TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS																																															
901	Was s/he vaccinated for measles?	YES 1 NO 2 DON'T KNOW 8																																													
902	Did s/he receive any treatment for the illness that led to death?	YES 1 NO 2 DON'T KNOW 8	→ 909 → 909																																												
903	Can you please list the drugs s/he was given for the illness that led to death? COPY FROM PRESCRIPTION/DISCHARGE NOTES IF AVAILABLE	_____ _____ _____																																													
904	What type of treatment did s/he receive: 1 Oral rehydration salts and/or intravenous fluids (drip) treatment? 2 Blood transfusion? 3 Treatment/food through a tube passed through the nose? 4 Any other treatment?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ORS/DRIP TREATMENT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BLOOD TRANSFUSION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THROUGH THE NOSE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER _____</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ORS/DRIP TREATMENT	1	2	8	BLOOD TRANSFUSION	1	2	8	THROUGH THE NOSE	1	2	8	OTHER _____	1	2	8	(SPECIFY)																								
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905	Please tell me at which of the following places/facilities s/he received treatment during the illness that led to death: 1 Home? 2 Traditional healer? 3 Government clinic? 4 Government hospital? 5 Private clinic? 6 Private hospital? 7 Pharmacy, drug seller, store? 8 Faith based facilities 9 Hospice 10 Any other facility?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>HOME</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TRADITIONAL HEALER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>GOVERNMENT CLINIC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>GOVERNMENT HOSPITAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PRIVATE CLINIC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PRIVATE HOSPITAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PHARMACY/DRUG SELLER/STORE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FAITH BASED FACILITIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HOSPICES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER (Specify) _____</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	HOME	1	2	8	TRADITIONAL HEALER	1	2	8	GOVERNMENT CLINIC	1	2	8	GOVERNMENT HOSPITAL	1	2	8	PRIVATE CLINIC	1	2	8	PRIVATE HOSPITAL	1	2	8	PHARMACY/DRUG SELLER/STORE	1	2	8	FAITH BASED FACILITIES	1	2	8	HOSPICES	1	2	8	OTHER (Specify) _____	1	2	8	
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PHARMACY/DRUG SELLER/STORE	1	2	8																																												
FAITH BASED FACILITIES	1	2	8																																												
HOSPICES	1	2	8																																												
OTHER (Specify) _____	1	2	8																																												
906	In the month before death, how many contacts with formal health services did s/he have?	NUMBER OF CONTACTS <input type="text"/> <input type="text"/> DON'T KNOW 9 8																																													
907	Did a health care worker tell you the cause of death?	YES 1 NO 2 DON'T KNOW 8	→ 909 → 909																																												
908	What did the health care worker say?	_____ _____																																													
909	Did s/he have any operation for the illness?	YES 1 NO 2 DON'T KNOW 8	→ 1001 → 1001																																												
910	How long before death did s/he have the operation? (OPERATION ASSOCIATED WITH DEATH)	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8																																													
911	On what part of the body was the operation?	ABDOMEN 1 CHEST 2 HEAD 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8																																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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SECTION 10. DATA ABSTRACTED FROM DEATH CERTIFICATE

1001	Do you have a death certificate for the deceased?	YES 1 NO 2 DON'T KNOW 8	→ 1101 → 1101						
1002	Can I see the death certificate? COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICATE.	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
1003	COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE.	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
1004	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE: _____								
1005	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY): _____								
1006	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY): _____								
1007	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY): _____								

SECTION 11. DATA ABSTRACTED FROM OTHER HEALTH RECORDS										
1101	OTHER HEALTH RECORDS AVAILABLE	YES 1 NO 2 → 1111								
1102	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE									
1103	CERTIFICVATE OF CAUSE OF DEATH _____ _____									
1104	POST MORTEM RESULTS (CAUSE OF DEATH) _____ _____									
1105	MCH/ANC (UNDER FIVE CARDS (RELEVANT IN INFORMATION) _____ _____									
1106	HOSPITAL PRESCRIPTION/ MEDICINE PACKAGE OR BOTTLES (RELEVANT INFORMATION) _____ _____									
1107	TREATMENT CARDS (RELEVANT INFORMATION) _____ _____									
1108	HOSPITAL DISCHARGE (RELEVANT INFORMATION) _____ _____									
1109	LABORATORY RESULTS (RELEVANT INFORMATION) _____ _____									
1110	OTHER HOSPITAL DOCUMENTS SPECIFY: _____ _____ _____									
1111	RECORD THE TIME AT THE END OF INTERVIEW	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

ZAMBIA VERBAL AUTOPSY QUESTIONNAIRE 3

DEATH OF A PERSON AGED 15 YEARS AND ABOVE

ID/CONTROL/REFERENCE NUMBER

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SECTION 1.1 INTERVIEWER VISITS																																												
	1	2	3	FINAL VISIT																																								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																								
RESULT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>	2	0																																						
2	0																																											
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																								
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																								
TOTAL NUMBER OF VISITS				<input type="checkbox"/>																																								
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1 COMPLETED</td> <td style="width: 25%;">2 NOT AT HOME</td> <td style="width: 25%;">3 POSTPONED</td> <td style="width: 25%;">4 REFUSED</td> </tr> <tr> <td>5 PARTLY COMPLETED</td> <td>6 NO APPROPRIATE RESPONDENT FOUND</td> <td>7 OTHER _____</td> <td>(SPECIFY)</td> </tr> </table>					1 COMPLETED	2 NOT AT HOME	3 POSTPONED	4 REFUSED	5 PARTLY COMPLETED	6 NO APPROPRIATE RESPONDENT FOUND	7 OTHER _____	(SPECIFY)																																
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PLACE NAME _____ ADDRESS/DIRECTIONS TO HOUSEHOLD _____ _____ _____																																												
SECTION 1.2 ADDITIONAL DEMOGRAPHIC INFORMATION																																												
(FOR USE IN SAMPLE VITAL REGISTRATION OR DEMOGRAPHIC SURVEILLANCE SITE)																																												
PROVINCE	_____			<table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																								
DISTRICT	_____																																											
CONSTITUENCY	_____																																											
WARD	_____																																											
REGION	1. RURAL 2. URBAN																																											
CSA																																											
SEA																																											
CENSUS BUILDING NUMBER (CBN)	_____																																											
HOUSING UNIT NUMBER (HUN)	_____																																											
HOUSEHOLD NUMBER (HHN)	_____																																											
NAME OF HOUSEHOLD HEAD	_____																																											
VILLAGE/LOCALITY	_____																																											
RESIDENTIAL ADDRESS/VILLAGE NAME	_____																																											
CHIEF'S AREA	_____																																											

INFORMED CONSENT for Death Verbal Autopsy Interview (ENGLISH)

Hello. My name is _____ and I am working with the Central Statistical Office. We are conducting a survey on health issues focusing on cause of death among women, men and children in this community. The government wants to learn about the major causes of death among different age groups of people and the impact that health programmes are having in reducing the burden of disease and death in the community. This will help the government plan for health services and programmes to combat various diseases affecting the population in your community.

As part of this effort, we are doing interviews in households where a death has happened to help determine the cause of death.

The interview usually takes about 20 to 40 minutes.

We understand that talking about the health of the deceased can be a sensitive matter. What you tell us will be kept strictly confidential and only the few carefully trained people on the survey team will have access to it. No report will include individual names or home locations. Reports will focus on counts of death by type of death.

Your participation in this survey is very important and voluntary. You should be aware that your answers about the deceased may say something about your own health. So if we come to a question you don't want to answer, just tell me and I will go on to the next question. You may also stop the interview at any time.

hope that you will participate in this survey because your views are very important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

No, consent for participation not given (): Interviewer Signature : _____

Yes, Consent for participation given (): Interviewer Signature : _____

Date: _____

If you have any questions about this survey, please contact:

Ms. Sheila S. Mudenda
Principal Investigator
Central Statistical Office
P.O Box 31908
Lusaka
Telephone 260-1-251377

If you ever have questions about your rights or ethics as a research subject, please contact:

Dr E.M.Nkandu
UNZA Ethics Office
Ridgeway Campus
P.O Box 50110
Lusaka
Telephone 260-1-256067

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH			
401	Could you tell me about the illness/events that led to her/his death? _____ _____ _____ _____ _____		
402	FIRST CAUSE OF DEATH ACCORDING TO RESPONDANT _____		
403	SECOND CAUSE OF DEATH ACCORDING TO RESPONDANT _____		
SECTION 5. HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS			
501	I would like to ask you some questions concerning 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. Please tell me if the deceased suffer from any of the following illnesses:		
502	High blood pressure?	YES 1 NO 2 DON'T KNOW 8	
503	Diabetes?	YES 1 NO 2 DON'T KNOW 8	
504	Asthma?	YES 1 NO 2 DON'T KNOW 8	
505	Epilepsy?	YES 1 NO 2 DON'T KNOW 8	
506	Malnutrition?	YES 1 NO 2 DON'T KNOW 8	
507	Cancer?	YES 1 NO 2 DON'T KNOW 8	→ 509 → 509
508	Can you specify the type or site of cancer?	TYPE/SITE _____ _____	
509	Tuberculosis?	YES 1 NO 2 DON'T KNOW 8	
510	HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	
511	Did s/he suffer from any other medically diagnosed illness?	YES 1 NO 2 DON'T KNOW 8	→ 601 → 601
512	Can you specify the illness?	ILLNESS _____ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
SECTION 7. SYMPTOMS AND SIGNS ASSOCIATED WITH ILLNESS OF WOMEN																																															
701	Did she have an ulcer or swelling in the breast?	YES 1 NO 2 DON'T KNOW 8	→ 703 → 703																																												
702	For how long did she have an ulcer or swelling in the breast?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8																																													
703	Did she have excessive vaginal bleeding during menstrual periods?	YES 1 NO 2 DON'T KNOW 8	→ 705 → 705																																												
704	For how long did she have the excessive vaginal bleeding during menstrual periods?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8																																													
705	Did she have vaginal bleeding in between menstrual periods?	YES 1 NO 2 DON'T KNOW 8	→ 707 → 707																																												
706	For how long did she have vaginal bleeding in between menstrual periods?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8																																													
707	Did she have abnormal vaginal discharge?	YES 1 NO 2 DON'T KNOW 8	→ 801 → 801																																												
708	For how long did she have abnormal vaginal discharge?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8																																													
SECTION 8. SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY																																															
801	Was she pregnant at the time of death?	YES 1 NO 2 DON'T KNOW 8	→ 806 → 806																																												
802	How long was she pregnant?	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8																																													
803	How many pregnancies had she had, including this one?	PREGNANCIES <input type="text"/> <input type="text"/> DON'T KNOW 9 8																																													
804	During the last 3 months of pregnancy, did she suffer from any of the following illnesses:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01 Vaginal bleeding?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>02 Smelly vaginal discharge?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>03 Puffy face?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>04 Headache?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>05 Blurred vision?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>06 Convulsion?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>07 Febrile illness?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>08 Severe abdominal pain that was not labor pain?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>09 Pallor and shortness of breath (both present)?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>10 Did she suffer from any other illness?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	01 Vaginal bleeding?	1	2	8	02 Smelly vaginal discharge?	1	2	8	03 Puffy face?	1	2	8	04 Headache?	1	2	8	05 Blurred vision?	1	2	8	06 Convulsion?	1	2	8	07 Febrile illness?	1	2	8	08 Severe abdominal pain that was not labor pain?	1	2	8	09 Pallor and shortness of breath (both present)?	1	2	8	10 Did she suffer from any other illness?	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
805	Did she die during labor, but undelivered?	YES 1 NO 2 DON'T KNOW 8	→ 808
806	Did she give birth recently?	YES 1 NO 2 DON'T KNOW 8	→ 818 → 818
807	How many days after giving birth did she die?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
808	Was there excessive bleeding on the day labor started?	YES 1 NO 2 DON'T KNOW 8	
809	Was there excessive bleeding during labor before delivering the baby?	YES 1 NO 2 DON'T KNOW 8	
810	Was there excessive bleeding after delivering the baby?	YES 1 NO 2 DON'T KNOW 8	
811	Did she have difficulty in delivering the placenta?	YES 1 NO 2 DON'T KNOW 8	
812	Was she in labor for unusually long (more than 24 hours)?	YES 1 NO 2 DON'T KNOW 8	
813	Was it a normal vaginal delivery?	YES 1 NO 2 DON'T KNOW 8	→ 815 → 815
814	What type of delivery was it?	FORCEPS/VACUUM 1 CAESAREAN SECTION 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
815	Did she have foul smelling vaginal discharge?	YES 1 NO 2 DON'T KNOW 8	
816	Where did she give birth?	HOSPITAL 1 OTHER HEALTH FACILITY 2 HOME 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
817	Who conducted the delivery?	DOCTOR 1 NURSE/MIDWIFE 2 TRADITIONAL BIRTH ATTENDANT 3 RELATIVE 4 MOTHER BY HERSELF 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
818	Did she experience an abortion recently?	YES 1 NO 2 DON'T KNOW 8	→ 901 → 901
819	Did she die during the abortion?	YES 1 NO 2 DON'T KNOW 8	→ 821 → 821
820	How many days before death did she have the abortion?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821	How many months pregnant was she when she had the abortion?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
822	Did she have heavy bleeding after the abortion?	YES 1 NO 2 DON'T KNOW 8	
823	Did the abortion occur by itself, spontaneously?	YES 1 NO 2 DON'T KNOW 8	→ 901 → 901
824	Did she take medicine or treatment to induce?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 9. SIGNS AND SYMPTOMS NOTED DURING THE FINAL ILLNESS			
901	For how long was s/he ill before s/he died?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
902	Did s/he have a fever?	YES 1 NO 2 DON'T KNOW 8	→ 907 → 907
903	For how long did s/he have a fever?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
904	Was the fever continuous or on and off?	CONTINUOUS 1 ON AND OFF 2 DON'T KNOW 8	
905	Did s/he have fever only at night?	YES 1 NO 2 DON'T KNOW 8	
906	Did s/he have chills/rigor?	YES 1 NO 2 DON'T KNOW 8	
907	Did s/he have a cough?	YES 1 NO 2 DON'T KNOW 8	→ 913 → 913
908	For how long did s/he have a cough?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
909	Was the cough severe?	YES 1 NO 2 DON'T KNOW 8	
910	Was the cough productive with sputum?	YES 1 NO 2 DON'T KNOW 8	
911	Did s/he cough out blood?	YES 1 NO 2 DON'T KNOW 8	
912	Did s/he have night sweats?	YES 1 NO 2 DON'T KNOW 8	
913	Did s/he have breathlessness?	YES 1 NO 2 DON'T KNOW 8	→ 918 → 918
914	For how long did s/he have breathlessness?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
915	Was s/he unable to carry out daily routines due to breathlessness?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
916	Was s/he breathless while lying flat?	YES 1 NO 2 DON'T KNOW 8									
917	Did s/he have wheezing?	YES 1 NO 2 DON'T KNOW 8									
918	Did s/he have chest pain?	YES 1 NO 2 DON'T KNOW 8	→ 928 → 928								
919	For how long did s/he have chest pain?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 9 9 8									
920	Did chest pain start suddenly or gradually?	SUDDENLY 1 GRADUALLY 2 DON'T KNOW 8									
921	When s/he had severe chest pain, how long did it last?	LESS THAN HALF AN HOUR 1 HALF AN HOUR TO 24 HOURS 2 LONGER THAN 24 HOURS 3 DON'T KNOW 8									
922	Was the chest pain located below the breastbone (sternum)?	YES 1 NO 2 DON'T KNOW 8									
923	Was the chest pain located over the heart and did it spread to the left arm?	YES 1 NO 2 DON'T KNOW 8									
924	Was the chest pain located over the ribs (sides)?	YES 1 NO 2 DON'T KNOW 8									
925	Was the chest pain continuous or on and off?	CONTINUOUS 1 ON AND OFF 2 DON'T KNOW 8									
926	Did the chest pain get worse while coughing?	YES 1 NO 2 DON'T KNOW 8									
927	Did s/he have palpitations?	YES 1 NO 2 DON'T KNOW 8									
928	Did s/he have diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 933 → 933								
929	For how long did s/he have diarrhea?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 9 9 8									
930	Was the diarrhea continuous or on and off?	CONTINUOUS 1 ON AND OFF 2 DON'T KNOW 8									
931	At any time during the final illness was there blood in the stool?	YES 1 NO 2 DON'T KNOW 8									
932	When the diarrhea was most severe, how many times did s/he pass stools in a day?	NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 9 8									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
933	Did s/he vomit?	YES 1 NO 2 DON'T KNOW 8	→ 937 → 937
934	For how long did s/he vomit?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
935	Did the vomit look like a coffee-colored fluid or bright red/blood red or some other?	COFFEE-COLORED FLUID 1 BRIGHT RED/BLOOD RED 2 OTHER 6 (SPECIFY) DON'T KNOW 8	
936	When the vomiting was most severe, how many times did s/he vomit in a day?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
937	CHECK QUESTION 302 FOR SEX OF THE DECEASED: FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>		→ 939
938	CHECK QUESTIONS 801, 805, 819 TO SEE IF SHE DIED DURING PREGNANCY, LABOR, ABORTION OR POSTPARTUM: NO <input type="checkbox"/> YES <input type="checkbox"/>		→ 948
939	Did s/he have abdominal pain?	YES 1 NO 2 DON'T KNOW 8	→ 941 → 941
940	For how long did s/he have abdominal pain?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
941	Did s/he have abdominal distension?	YES 1 NO 2 DON'T KNOW 8	→ 945 → 945
942	For how long did s/he have abdominal distension?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
943	Did the distension develop rapidly within days or gradually over months?	RAPIDLY WITHIN DAYS 1 GRADUALLY OVER MONTHS 2 DON'T KNOW 8	
944	Was there a period of a day or longer during which s/he did not pass any stool?	YES 1 NO 2 DON'T KNOW 8	
945	Did s/he have any mass in the abdomen?	YES 1 NO 2 DON'T KNOW 8	→ 948 → 948
946	For how long did s/he have the mass in the abdomen?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
947	Where in the abdomen was the mass located?	RIGHT UPPER ABDOMEN 1 LEFT UPPER ABDOMEN 2 LOWER ABDOMEN 3 ALL OVER ABDOMEN 4 DON'T KNOW 8	
948	Did s/he have difficulty or pain while swallowing solids?	YES 1 NO 2 DON'T KNOW 8	→ 950 → 950
949	For how long did s/he have difficulty or pain while swallowing solids?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
950	Did s/he have difficulty or pain while swallowing liquids?	YES 1 NO 2 DON'T KNOW 8	→ 952 → 952
951	For how long did s/he have difficulty or pain while swallowing liquids?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
952	Did s/he have headache?	YES 1 NO 2 DON'T KNOW 8	→ 955 → 955
953	For how long did s/he have the headache?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
954	Was the headache severe?	YES 1 NO 2 DON'T KNOW 8	
955	Did s/he have a stiff or painful neck?	YES 1 NO 2 DON'T KNOW 8	→ 957 → 957
956	For how long did s/he have a stiff or painful neck?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
957	Did s/he have mental confusion?	YES 1 NO 2 DON'T KNOW 8	→ 960 → 960
958	For how long did s/he have mental confusion?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
959	Did the mental confusion start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY 1 WITHIN A DAY (FAST) 2 SLOWLY (MANY DAYS) 3 DON'T KNOW 8	
960	Did s/he become unconscious?	YES 1 NO 2 DON'T KNOW 8	→ 963 → 963
961	For how long was s/he unconscious?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
962	Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY 1 WITHIN A DAY (FAST) 2 SLOWLY (MANY DAYS) 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
963	Did s/he have convulsions?	YES 1 NO 2 DON'T KNOW 8	→ → 965 965
964	For how long did s/he have convulsions?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
965	Was s/he unable to open the mouth?	YES 1 NO 2 DON'T KNOW 8	→ → 967 967
966	For how long was s/he unable to open the mouth?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
967	Did s/he have stiffness of the whole body?	YES 1 NO 2 DON'T KNOW 8	→ → 969 969
968	For how long did s/he have stiffness of the whole body?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
969	Did s/he have paralysis of one side of the body?	YES 1 NO 2 DON'T KNOW 8	→ → 972 972
970	For how long did s/he have paralysis of one side of the body?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
971	Did the paralysis of one side of the body start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY 1 WITHIN A DAY (FAST) 2 SLOWLY (MANY DAYS) 3 DON'T KNOW 8	
972	Did s/he have paralysis of the lower limbs?	YES 1 NO 2 DON'T KNOW 8	→ → 975 975
973	How long did s/he have paralysis of the lower limbs?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
974	Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY 1 WITHIN A DAY (FAST) 2 SLOWLY (MANY DAYS) 3 DON'T KNOW 8	
975	Was there any change in color of urine?	YES 1 NO 2 DON'T KNOW 8	→ → 977 977
976	For how long did s/he have the change in color of urine?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
977	During the final illness did s/he ever pass blood in the urine?	YES 1 NO 2 DON'T KNOW 8	→ → 979 979
978	For how long did s/he pass blood in the urine?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
979	Was there any change in the amount of urine s/he passed daily?	YES 1 NO 2 DON'T KNOW 8	→ 982 982																				
980	For how long did s/he have the change in the amount of urine passed daily?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8																					
981	Did s/he pass too much urine, too little urine, or no urine at all?	TOO MUCH 1 TOO LITTLE 2 NO URINE AT ALL 3 DON'T KNOW 8																					
982	During the illness that led to death, did s/he have any skin rash?	YES 1 NO 2 DON'T KNOW 8	→ 986 986																				
983	For how long did s/he have the skin rash?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8																					
984	Was the rash on: 1 The face? 2 The trunk? 3 The arms and legs? 4 Any other place?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>FACE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TRUNK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ARMS AND LEGS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER PLACE</td> <td style="text-align: center;">↓</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> SPECIFY: _____		YES	NO	DK	FACE	1	2	8	TRUNK	1	2	8	ARMS AND LEGS	1	2	8	OTHER PLACE	↓	2	8	
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985	What did the rash look like?	MEASLES RASH 1 RASH WITH CLEAR FLUID 2 RASH WITH PUS 3 DON'T KNOW 8																					
986	Did s/he have red eyes?	YES 1 NO 2 DON'T KNOW 8																					
987	Did s/he have bleeding from the nose, mouth, or anus?	YES 1 NO 2 DON'T KNOW 8																					
988	Did s/he ever have shingles/herpes zoster?	YES 1 NO 2 DON'T KNOW 8																					
989	Did s/he have weight loss?	YES 1 NO 2 DON'T KNOW 8	→ 990 990																				
989.1	For how long did s/he have weight loss?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8																					
989.2	Did s/he look very thin and wasted?	YES 1 NO 2 DON'T KNOW 8																					
990	Did s/he have mouth sores or white patches in the mouth or on the tongue?	YES 1 NO 2 DON'T KNOW 8	→ 991 991																				
990.1	For how long did s/he have mouth sores or white patches in the mouth or on the tongue?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8																					
991	Did s/he have any swelling?	YES 1 NO 2 DON'T KNOW 8	→ 992 992																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
991.1	For how long did s/he have the swelling?	DAYS 1 <input type="checkbox"/> <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 9 9 8																													
991.2	Was the swelling on: 1 The face? 2 The joints? 3 The ankles? 4 The whole body? 5 Any other place?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>FACE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>JOINTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ANKLES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>WHOLE BODY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER PLACE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SPECIFY: _____ ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	DK	FACE	1	2	8	JOINTS	1	2	8	ANKLES	1	2	8	WHOLE BODY	1	2	8	OTHER PLACE	1	2	8	SPECIFY: _____ ↓				
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992	Did s/he have any lumps?	YES 1 NO 2 DON'T KNOW 8	→ 993 993																												
992.1	For how long did s/he have the lumps?	DAYS 1 <input type="checkbox"/> <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 9 9 8																													
992.2	Were the lumps on: 1 The neck? 2 The armpit? 3 The groin? 4 Any other place?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>NECK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ARMPIT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>GROIN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER PLACE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SPECIFY: _____ ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	DK	NECK	1	2	8	ARMPIT	1	2	8	GROIN	1	2	8	OTHER PLACE	1	2	8	SPECIFY: _____ ↓								
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993	Did s/he have yellow discoloration of the eyes?	YES 1 NO 2 DON'T KNOW 8	→ 994 994																												
993.1	For how long did s/he have yellow discoloration of the eyes?	DAYS 1 <input type="checkbox"/> <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 9 9 8																													
994	Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?	YES 1 NO 2 DON'T KNOW 8	→ 995 995																												
994.1	For how long did s/he look pale or have pale palms, eyes or nail beds?	DAYS <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 9 8																													
995	Did s/he have an ulcer, abscess, or sore anywhere on the body?	YES 1 NO 2 DON'T KNOW 8	→ 1001 1001																												
995.1	For how long did s/he have the ulcer, abscess, or sore?	DAYS <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 9 8																													
995.2	What was the location of the ulcer, abscess, or sore?	_____ _____ (SPECIFY)																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
SECTION 10. TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS																																															
1001	Did s/he receive any treatment for the illness that led to death?	YES 1 NO 2 DON'T KNOW 8	→ 1008 → 1008																																												
1002	Can you please list the drugs s/he was given for the illness that led to death? COPY FROM PRESCRIPTION/DISCHARGE NOTES IF AVAILABLE	_____ _____ _____																																													
1003	What type of treatment did s/he receive: 1 Oral rehydration salts and/or intravenous fluids (drip) treatment? 2 Blood transfusion? 3 Treatment/food through a tube passed through the nose? 4 Any other treatment?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ORS/DRIP TREATMENT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BLOOD TRANSFUSION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THROUGH THE NOSE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	ORS/DRIP TREATMENT	1	2	8	BLOOD TRANSFUSION	1	2	8	THROUGH THE NOSE	1	2	8	OTHER _____ (SPECIFY)	1	2	8																									
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OTHER _____ (SPECIFY)	1	2	8																																												
1004	Please tell me at which of the following places/facilities s/he received treatment during the illness that led to death: 1 Home? 2 Traditional healer? 3 Government clinic? 4 Government hospital? 5 Private clinic? 6 Private hospital? 7 Pharmacy, drug seller, store? 8 Faith based facilities 9 Hospice 9 Any other placer or facility?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>HOME</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TRADITIONAL HEALER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>GOVERNMENT CLINIC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>GOVERNMENT HOSPITAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PRIVATE CLINIC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PRIVATE HOSPITAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PHARMACY, DRUG SELLER, STORE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FAITH BASED FACILITIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HOSPICE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER (SPECIFY) _____</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	HOME	1	2	8	TRADITIONAL HEALER	1	2	8	GOVERNMENT CLINIC	1	2	8	GOVERNMENT HOSPITAL	1	2	8	PRIVATE CLINIC	1	2	8	PRIVATE HOSPITAL	1	2	8	PHARMACY, DRUG SELLER, STORE	1	2	8	FAITH BASED FACILITIES	1	2	8	HOSPICE	1	2	8	OTHER (SPECIFY) _____	1	2	8	
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OTHER (SPECIFY) _____	1	2	8																																												
1005	In the month before death, how many contacts with formal health services did s/he have?	NUMBER OF CONTACTS <input type="text"/> <input type="text"/> DON'T KNOW 9 8																																													
1006	Did a health care worker tell you the cause of death?	YES 1 NO 2 DON'T KNOW 8	→ 1008 → 1008																																												
1007	What did the health care worker say?	_____ _____ _____																																													
1008	Did s/he have any operation for the illness?	YES 1 NO 2 DON'T KNOW 8	→ 1101 → 1101																																												
1009	How long before death did s/he have the operation?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8																																													
1010	On what part of the body was the operation?	ABDOMEN 1 CHEST 2 HEAD 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8																																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 11. RISK FACTORS			
1101	Did s/he drink alcohol?	YES 1 NO 2 DON'T KNOW 8	→ 1106 → 1106
1102	How long had s/he been drinking? RECORD '00' IF LESS THAN ONE YEAR	YEARS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
1103	How often did s/he drink alcohol?	DAILY 1 FREQUENTLY (WEEKLY) 2 ONCE IN A WHILE 3 DON'T KNOW 8	
1104	Did s/he stop drinking?	YES 1 NO 2 DON'T KNOW 8	→ 1106 → 1106
1105	How long before death did s/he stop drinking? RECORD '00' IF LESS THAN ONE MONTH	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
1106	Did s/he smoke tobacco (cigarette, cigar, pipe etc.)?	YES 1 NO 2 DON'T KNOW 8	→ 1201 → 1201
1107	How long had s/he been smoking? RECORD '00' IF LESS THAN ONE YEAR	YEARS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
1108	How often did s/he smoke?	DAILY 1 FREQUENTLY (WEEKLY) 2 ONCE IN A WHILE 3 DON'T KNOW 8	→ 1201 → 1201 → 1201
1109	How many cigarettes did s/he smoke daily?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
1110	Did s/he stop smoking before death?	YES 1 NO 2 DON'T KNOW 8	→ 1201 → 1201
1111	How long before death did s/he stop smoking? RECORD '00' IF LESS THAN ONE MONTH	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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SECTION 12. DATA ABSTRACTED FROM DEATH CERTIFICATE

1201	Do you have a death certificate for the deceased?	YES 1 NO 2 DON'T KNOW 8	→ 1301 → 1301						
1202	Can I see the death certificate? COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICATE.	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
1203	COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE.	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
1204	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE: _____								
1205	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY): _____								
1206	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY): _____								
1207	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY): _____								

SECTION 13. DATA ABSTRACTED FROM OTHER HEALTH RECORDS										
1301	OTHER HEALTH RECORDS AVAILABLE	YES 1 NO 2 → 1311								
1302	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE									
1303	CERTIFICATE OF CAUSE OF DEATH) _____ _____									
1304	POST MORTEM RESULTS (CAUSE OF DEATH) _____ _____									
1305	MCH/ANC AND UNDER FIVE CARD (RELEVANT INFORMATION) _____ _____									
1306	HOSPITAL PRESCRIPTION / MEDICINE PACKAGES OR BOTTLES (RELEVANT INFORMATION) _____ _____									
1307	TREATMENT CARDS (RELEVANT INFORMATION) _____ _____									
1308	HOSPITAL DISCHARGE (RELEVANT INFORMATION) _____ _____									
1309	LABORATORY RESULTS (RELEVANT INFORMATION) _____ _____									
1310	OTHER HOSPITAL DOCUMENTS SPECIFY: _____ _____ _____									
1311	RECORD THE TIME AT THE END OF INTERVIEW	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____