## Appendix I: Smart Discharges for Mom & Baby
## Data Dictionary Codebook

| | # | Variable / Field Name | Field Label<br>*Field Note* | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) |
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| Instrument: **1. Admission Subject Details** (admission_subject_details) | | | | |
| | 24 | [admitdate_adm_v2] | Date of admission | text (date_dmy) |
| | 25 | [admittime_adm_v2] | Time of admission (USE 24 HOUR TIME - HH:MM) | text (time) |
| | 36 | [dobknown_adm_v2] | Is exact date of birth known? | yesno |
| | 37 | [dob_adm_v2]<br>Show the field ONLY if: [dobknown_adm_v2] = '1' | Date of birth | |
| | 38 | [dob_estage_adm_v2]<br>Show the field ONLY if: [dobknown_adm_v2] = '0' | What is her estimated age in years? | |
| | | Questions: 1-23 and 38-41 capture screening criteria and participant contact details | | |

Instrument: **2. Admission** (admission)

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| | 41 | [time_tohosp_adm] | Section Header: *Admission Details*<br>How long did it take you to travel to this hospital? | dropdown<br>1 less than 30 minutes<br>2 30 minutes - 1 hr<br>3 more than 1hrs and up to 2hrs<br>4 more than 2hrs and less than 4hrs<br>5 4 hours or more |
| | 42 | [transport_adm] | Primary mode of transportation to the hospital? | dropdown<br>1 Walk<br>2 Motorcycle<br>3 Public transport (bus, taxi)<br>4 Private transport (special hire, private vehicle)<br>5 Ambulance<br>98 Other |
| | 43 | [delay_adm] | Were you delayed >1 hour by any of the following (choose all that apply): | checkbox<br>1 delay_adm___1 Terrain (swamp, flood, water transport delay, etc.)<br>2 delay_adm___2 Cost of transport<br>3 delay_adm___3 General transport delay (waiting for the bus, schedules, travel at night, etc.)<br>4 delay_adm___4 Significant rain/threat of rain<br>98 delay_adm___98 Other<br>99 delay_adm___99 None |
| | 44 | [isreferral_adm] | Is this visit a referral? | yesno<br>1 Yes<br>0 No |
| | 45 | [referralsrc_adm]<br>Show the field ONLY if: [isreferral_adm] = '1' | Referral source | dropdown<br>1 Other Hospital<br>2 Health Centre/Clinic<br>3 VHT<br>4 Untrained Health Worker<br>5 Traditional Healer<br>6 Traditional Birth Attendant<br>98 Other |
| | 46 | [csection_adm] | Section Header: *Admission clinical variables*<br>Is the mother here for elective c-section? | yesno<br>1 Yes<br>0 No |
| | 47 | [labordate_adm]<br>Show the field ONLY if: [csection_adm] != '1' | Date labor started: | text (date_dmy) |
| | 48 | [labortime_adm]<br>Show the field ONLY if: [csection_adm] != '1' | Time labor started: | text (time) |
| | 49 | [takevitals_adm] | Record BP, Temperature, and HR? | yesno<br>1 Yes<br>0 No |

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| | 50 | [sys_bp_adm]<br>Show the field ONLY if: [takevitals_adm] = '1' | Systolic blood pressure at admission | text (integer) |
| | 51 | [dia_bp_adm]<br>Show the field ONLY if: [takevitals_adm] = '1' | Diastolic blood pressure at admission | text (integer) |
| | 52 | [temp_adm]<br>Show the field ONLY if: [takevitals_adm] = '1' | Temperature at admission | text (number_1dp, Min: 35, Max: 42) |
| | 53 | [hr_adm]<br>Show the field ONLY if: [takevitals_adm] = '1' | Heart rate at admission | text (integer) |
| | 54 | [distress_adm] | Was the woman in distress upon arrival? | dropdown<br>1 Yes<br>2 No<br>3 Unsure |
| | 55 | [admission_complete] | Section Header: *Form Status*<br>Complete? | dropdown<br>0 Incomplete<br>1 Unverified<br>2 Complete |
| Instrument: **3. Pregnancy History** (pregnancy_history) | | | | |
| | 56 | [medhx_adm] | Has the women been diagnosed with ANY of the following conditions BEFORE pregnancy (choose all that apply) | checkbox<br>1 medhx_adm___1 HIV (diagnosed BEFORE pregnancy)<br>2 medhx_adm___2 High blood pressure (diagnosed BEFORE pregnancy)<br>3 medhx_adm___3 Prior infertility (>1yr attempting to get pregnant but unsuccesful)<br>4 medhx_adm___4 Diabetes (diagnosed BEFORE pregnancy)<br>5 medhx_adm___5 Kidney disease<br>6 medhx_adm___6 Sickle cell<br>7 medhx_adm___7 Hepatitis B/C<br>8 medhx_adm___8 Tuberculosis<br>9 medhx_adm___9 Chronic mental illness<br>98 medhx_adm___98 Other diagnoses not listed here<br>99 medhx_adm___99 No prior diagnoses |
| | 57 | [duedate_adm] | Does the woman know her approximate due date? | yesno<br>1 Yes<br>0 No |
| | 58 | [duedate3_adm]<br>Show the field ONLY if: [duedate_adm] = '1' | Due date (if known) | text (date_dmy) |
| | 59 | [duedate2_adm]<br>Show the field ONLY if: [duedate_adm] = '1' | How was the due date defined? | dropdown<br>1 LNMP<br>2 Ultrasound<br>3 Woman herself |
| | 60 | [gravid_adm] | Section Header: *Pregnancy History*<br>How many pregnancies has she had in her lifetime (including this one)? | text (integer, Min: 1, Max: 20) |

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| | 61 | [parity_adm] | How many pregnancies has she had with a baby born greater than 500g at birth delivered after 20 weeks gestation? | text (integer, Min: 0, Max: 20) |
| | 62 | [csect_adm] | Has woman had a prior c-section? | yesno<br>1 Yes<br>0 No |
| | 63 | [csect2_adm]<br>Show the field ONLY if: [csect_adm] = '1' | How long ago was most recent c-section? | dropdown<br>1 < 18 months ago<br>2 18-36 months ago<br>3 >36 months ago |
| | 64 | [preghx_adm] | Has the woman been diagnosed with any of the following conditions DURING THIS pregnancy? (select all that apply) | checkbox<br>1 preghx_adm___1 Gestational diabetes<br>2 preghx_adm___2 Pre-eclampsia<br>3 preghx_adm___3 Eclampsia<br>4 preghx_adm___4 Gestational hypertension<br>5 preghx_adm___5 Antepartum hemorrhage/ vaginal bleeding (1st trimester)<br>6 preghx_adm___6 Antepartum hemorrhage/ vaginal bleeding (2nd trimester)<br>7 preghx_adm___7 Antepartum hemorrhage/ vaginal bleeding (3rd trimester)<br>8 preghx_adm___8 PPROM<br>9 preghx_adm___9 Preterm labour<br>10 preghx_adm___10 Malaria<br>11 preghx_adm___11 HIV (diagnosed DURING)<br>12 preghx_adm___12 Urinary tract infection<br>13 preghx_adm___13 Tuberculosis<br>14 preghx_adm___14 Anemia<br>15 preghx_adm___15 COVID-19 (suspected)<br>16 preghx_adm___16 COVID-19 (posititive test)<br>17 preghx_adm___17 Hepatitis B/C<br>18 preghx_adm___18 Mental Health Illness<br>98 preghx_adm___98 Other Infection<br>99 preghx_adm___99 None |
| | 65 | [placenta_adm] | Any known/suspected placental disorder (this pregnancy) | checkbox<br>1 placenta_adm___1 Yes, placenta previa<br>2 placenta_adm___2 Yes, placental abruption<br>97 placenta_adm___97 Yes, other (specify)<br>98 placenta_adm___98 No<br>99 placenta_adm___99 Not sure |
| | 66 | [placentaother_adm]<br>Show the field ONLY if: [placenta_adm(97)] = '1' | Specify other | text |
| | 67 | [medhbp_adm] | Is she currently taking medication for high blood pressure? | dropdown<br>1 Yes<br>2 No<br>99 Not sure |

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| | 68 | [medarv_adm]<br>Show the field ONLY if: [medhx_adm(1)] = '1' or [preghx_adm(11)] = '1' | Is she currently taking ARVs for HIV treatment? | dropdown<br>1 Yes<br>2 No<br>99 Not sure |
| | 69 | [covidvax_adm] | Has woman been vaccinated against COVID-19 | dropdown<br>1 Yes - Fully vaccinated (completion DURING pregnancy)<br>2 Yes - Fully vaccinated (completion BEFORE pregnancy)<br>3 Yes - Currently partially vaccinated<br>4 No - Not vaccinated |
| | 70 | [prevadm_adm] | Section Header: *Hospitalization During Pregnancy*<br>Has the woman been admitted to hospital DURING this pregnancy for any reason? | yesno<br>1 Yes<br>0 No |
| | 71 | [lngth_prevadm_adm]<br>Show the field ONLY if: [prevadm_adm]='1' | How long ago was this admission? | dropdown<br>1 1 - 7 days (in the past week)<br>2 7 - 28 days (from one week to one month ago)<br>3 28 days - 6 months (from one month to six months ago)<br>4 > 6 months ago (more than six months ago) |
| | 72 | [rs_prevadm_adm]<br>Show the field ONLY if: [prevadm_adm]='1' | What was the reason for this admission? | checkbox<br>1 rs_prevadm_adm___1 Gestational diabetes<br>2 rs_prevadm_adm___2 Pre-eclampsia<br>3 rs_prevadm_adm___3 Eclampsia<br>4 rs_prevadm_adm___4 Gestational hypertension<br>5 rs_prevadm_adm___5 Antepartum hemorrhage/ vaginal bleeding<br>6 rs_prevadm_adm___6 PPROM<br>7 rs_prevadm_adm___7 Preterm labour<br>8 rs_prevadm_adm___8 Malaria<br>9 rs_prevadm_adm___9 HIV<br>10 rs_prevadm_adm___10 Urinary tract infection<br>11 rs_prevadm_adm___11 Tuberculosis<br>12 rs_prevadm_adm___12 Anemia<br>13 rs_prevadm_adm___13 Abuse/Fight<br>14 rs_prevadm_adm___14 motor accident (car, boda, etc.)<br>98 rs_prevadm_adm___98 Other Infection<br>99 rs_prevadm_adm___99 Other (specify) |
| | 73 | [rs_prevadm2_adm]<br>Show the field ONLY if: [rs_prevadm_adm(99)] = '1' or [rs_prevadm_adm(98)] = '1' | Specify other | text |
| | 74 | [prevadm2_adm]<br>Show the field ONLY if: [prevadm_adm] = '1' | For how many days was the woman admitted | text (integer, Min: 1, Max: 100) |
| | 75 | [uti_abx_adm]<br>Show the field ONLY if: [rs_prevadm_adm(10)] = '1' or [rs_prevadm_adm(11)] = '1' or [rs_prevadm_adm(8)] = '1' or [rs_prevadm_adm(98)] = '1' | Was she given IV antibiotics/antimalarials during the admission? | yesno<br>1 Yes<br>0 No |

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| | 76 | [numberanc_adm] | Section Header: *ANC visit history*<br>How many ANC visits did you attend (best estimate if unsure)? | dropdown<br>0 = 0<br>1 = 1<br>2 = 2<br>3 = 3<br>4 = 4<br>5 = 5<br>6 = 6<br>7 = 7<br>8 = 8<br>9 = >8 |
| | 77 | [ancprovider_adm] | Which types of healthcare providers provided your ANC care (choose all that apply) | checkbox<br>1 = ancprovider_adm___1 = Obstetrician<br>2 = ancprovider_adm___2 = Medical Officer<br>3 = ancprovider_adm___3 = Clinical Officer<br>4 = ancprovider_adm___4 = Nurse<br>5 = ancprovider_adm___5 = midwife<br>6 = ancprovider_adm___6 = Traditional Birth Attendant<br>7 = ancprovider_adm___7 = Other |
| | 78 | [comment_adm] | Comment | notes |
| | 79 | [pregnancy_history_complete] | Section Header: *Form Status*<br>Complete? | dropdown<br>0 = Incomplete<br>1 = Unverified<br>2 = Complete |
| Instrument: **4. SES and Demographics** (ses_and_demographics) | | | | |
| | 80 | [housenum_ses] | Section Header: *SES and Demographics*<br>How many people will be living in your household (including you AND new baby)? | text (integer, Min: 0, Max: 25) |
| | 81 | [numchild_ses] | How many children are you living with in your household (including the new baby)? | text (integer, Min: 0, Max: 15) |
| | 82 | [marry_ses] | What is your current marital status | dropdown<br>1 = Married monogamous<br>2 = Married polygamous<br>3 = Single<br>4 = Separated/divorced<br>5 = Widowed |
| | 83 | [livfather_ses] | Do you live with the father of this baby? | yesno<br>1 = Yes<br>0 = No |
| | 84 | [schoolyrs_ses] | What is the highest level of education you (mother) have completed? | dropdown<br>1 = No school<br>2 = < = P3<br>3 = P4-P7<br>4 = S1-S6<br>5 = Post secondary (including post S4 technical school)<br>6 = Don't know |

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| | 85 | [nutri_adm] | Section Header: *SES Index Questions*<br>During your pregnancy, did you or any household member have to eat less food than you felt you needed? | dropdown<br>1, Yes<br>2, No<br>99, Not Sure |
| | 86 | [sesindex_flooring] | Which types of flooring does ANY room in your home have (choose ALL that apply)? | checkbox<br>1, sesindex_flooring___1, Earth/Dung/Sand<br>2, sesindex_flooring___2, Temporary carpet<br>3, sesindex_flooring___3, Permanent flooring (tile, finished wood)<br>4, sesindex_flooring___4, Cement<br>98, sesindex_flooring___98, Other |
| | 87 | [sesindex_toilet] | What kind of toilet do members of your household usually use? | checkbox<br>1, sesindex_toilet___1, Flush toilet system (sitting or squatting)<br>2, sesindex_toilet___2, Ventilated Improved Pit (VIP) Latrine<br>3, sesindex_toilet___3, Composting toilet<br>4, sesindex_toilet___4, Pit latrine<br>5, sesindex_toilet___5, Bucket toilet<br>6, sesindex_toilet___6, No toilet<br>98, sesindex_toilet___98, Other |
| | 88 | [sesindex_toiletshared]<br>Show the field ONLY if: [sesindex_toilet(1)] = "1" OR [sesindex_toilet(2)] = "1" OR [sesindex_toilet(3)] = "1" | Do you share this toilet with anyone outside your household (i.e. those NOT living together with you)? | yesno<br>1, Yes<br>0, No |
| | 89 | [sesindex_cooking] | Which of the following energy sources for cooking food do you use (choose all that apply)? | checkbox<br>1, sesindex_cooking___1, Electricity<br>2, sesindex_cooking___2, Petrol/diesel/propane<br>3, sesindex_cooking___3, Kerosene/paraffin<br>4, sesindex_cooking___4, Coal/charcoal<br>5, sesindex_cooking___5, Wood<br>6, sesindex_cooking___6, Straw/shrubs/grass<br>7, sesindex_cooking___7, Biomass or woodchips<br>8, sesindex_cooking___8, Dung<br>9, sesindex_cooking___9, Other |
| | 90 | [sesindex_safewater] | What is the main source of drinking water for members of your household? | dropdown<br>1, Piped water<br>2, Borehole<br>3, Protected spring<br>4, Well/dam<br>5, Rainwater<br>6, River/lake<br>7, Bottled water<br>98, Other |
| | 91 | [sesindex_otherwater]<br>Show the field ONLY if: [sesindex_safewater] = '98' | Specify other: | text |
| | 92 | [sesindex_safewaterdistance] | Does it take you more than 30 minutes to walk from your home to the water source and back? | yesno<br>1, Yes<br>0, No |

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| | 93 | [sesindex_assets] | Does your household have any of the following items: | checkbox<br>1, sesindex_assets___1, Electricity (from the grid)<br>2, sesindex_assets___2, A television<br>3, sesindex_assets___3, A computer<br>4, sesindex_assets___4, A refrigerator<br>99, sesindex_assets___99, None |
| | 94 | [sesindex_assets2] | Do you (or someone in your household) own any of the following items: | checkbox<br>1, sesindex_assets2___1, A smart phone<br>2, sesindex_assets2___2, A non-smart phone<br>3, sesindex_assets2___3, A bicycle<br>4, sesindex_assets2___4, A motorcycle<br>5, sesindex_assets2___5, A car or truck<br>99, sesindex_assets2___99, None |
| | 95 | [sesindex_room] | How many rooms does your home contain? | radio<br>1, One<br>2, Two<br>3, Three<br>4, More than three |
| | 96 | [child_death_ses] | Have you had any children who have died? | yesno<br>1, Yes<br>0, No |
| | 97 | [comment_ses] | Comment | notes |
| | 98 | [ses_and_demographics_complete] | Section Header: *Form Status*<br>Complete? | dropdown<br>0, Incomplete<br>1, Unverified<br>2, Complete |
| Instrument: **5. Delivery Maternal** (delivery_maternal) | | | | |
| | 99 | [numbabe_del] | How many babies were delivered? | text (integer, Min: 1, Max: 3) |
| | 100 | [prom_del] | Rupture of membranes more than 24hrs before delivery? | dropdown<br>1, Yes<br>2, No<br>3, Not sure |
| | 101 | [rom_del]<br>Show the field ONLY if: [prom_del] = '1' | For how many hours were membranes ruptured prior to delivery? | dropdown<br>1, 0 - 4 hours<br>2, 4 - 8 hours<br>3, 8 -12 hours<br>4, 12 - 24 hours<br>5, > 24 hours |
| | 102 | [deldate_del] | Delivery date | text (date_dmy) |
| | 103 | [deltime_del] | Delivery time (USE 24 HOUR TIME - HH:MM) | text (time) |
| | 104 | [delmode_del] | What was the mode of delivery? | dropdown<br>1, Vaginal<br>2, Assisted vaginal (vacuum or forceps)<br>3, Caesarean (with labour)<br>4, Caesarean (without labour) |
| | 105 | [episiotomy_del] | Was the woman given an episiotomy? | dropdown<br>1, Yes<br>2, No<br>99, Not sure |

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| | 106 | [tear_del] | Was there any noted vaginal or perineal tearing? | dropdown<br>1 Yes<br>2 No<br>99 Not sure |
| | 107 | [degreetear_del]<br>Show the field ONLY if:<br>[tear_del] = '1' | What was the recorded degree of tearing? | dropdown<br>1 1<br>2 2<br>3 3<br>4 4 |
| | 108 | [induce_del] | Was the start of labour induced? | dropdown<br>1 Yes<br>2 No<br>99 Not sure |
| | 109 | [inductype_del]<br>Show the field ONLY if:<br>[induce_del] = '1' | Which method of induction was used (select all that apply)? | checkbox<br>1 inductype_del___1 Membrane strip and sweep<br>2 inductype_del___2 Manual rupture of membranes<br>3 inductype_del___3 Foley catheter<br>4 inductype_del___4 Prostaglandins<br>5 inductype_del___5 Oxytocin<br>98 inductype_del___98 Other |
| | 110 | [pph_del] | Was a PPH noted? | dropdown<br>1 Yes<br>2 No<br>99 Not sure |
| | 111 | [transfx_del] | Was the woman given a blood transfusion? | dropdown<br>1 Yes<br>2 No<br>99 Not sure |
| | 112 | [unittrans_del]<br>Show the field ONLY if:<br>[transfx_del] = '1' | How many units of blood? | text (integer, Min: 1, Max: 30) |
| | 113 | [obstruct_del] | Was obstructed labour noted? | dropdown<br>1 Yes<br>2 No<br>99 Not sure |
| | 114 | [meconium_del] | Was any meconium noted in the amniotic fluid during labour? | dropdown<br>1 Yes<br>2 No<br>99 Not sure |

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| | 115 | [vagexam_del] | Number of vaginal exams (self reported best estimate) | dropdown<br>0 \| 0<br>1 \| 1<br>2 \| 2<br>3 \| 3<br>4 \| 4<br>5 \| 5<br>6 \| 6<br>7 \| 7<br>8 \| 8<br>9 \| 9<br>10 \| >9 |
| | 116 | [placenta_del] | Placental complications noted? | dropdown<br>1 \| Placenta previa<br>2 \| Placenta Abruption<br>3 \| Placenta accreta<br>4 \| Retained placenta<br>99 \| None |
| | 117 | [man_placenta_del] | Manual removal of placenta | yesno<br>1 \| Yes<br>0 \| No |
| | 118 | [other_del] | Other major event or conditions during delivery? | notes |
| | 119 | [csecturgency_del]<br>Show the field ONLY if: [delmode_del] = '3' or [delmode_del] = '4' | Section Header: *Caesarian Section Variables*<br>Surgical urgency (per clinical team) | dropdown<br>1 \| Immediate threat to life of woman or fetus<br>2 \| Maternal or fetal compromise which is not immediately life-threatening<br>3 \| Needing early delivery but no maternal or fetal compromise<br>4 \| At a time to suit the patient and maternity team<br>99 \| Not sure |
| | 120 | [csect_delay_del]<br>Show the field ONLY if: [delmode_del] = '3' or [delmode_del] = '4' | Estimated decision to delivery time | dropdown<br>1 \| No delay<br>2 \| 30-60m<br>3 \| 61m - 120m<br>4 \| >120m<br>5 \| Not sure |
| | 121 | [heme_del]<br>Show the field ONLY if: [delmode_del] = '3' or [delmode_del] = '4' | Pre-surgery hemoglobin level | text |
| | 122 | [abx_del]<br>Show the field ONLY if: [delmode_del] = '3' or [delmode_del] = '4' | Were prophylactic antibiotics administered? | dropdown<br>1 \| Yes - within 1 hour of incision<br>2 \| Yes - but after incision<br>3 \| No<br>99 \| Not sure |

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| | 123 | [csect_abx_del]<br>Show the field ONLY if: [abx_del] = '2' or [abx_del] = '1' | List all antibiotics used for prophylaxis | dropdown<br>1 IV Cefazolin<br>2 IV Ampicillin or Amoxicillin<br>3 IV cloxacilllin<br>4 IV penicillin<br>5 IV ceftriaxone<br>6 IV gentamicin<br>7 IV vancomycin<br>8 IV or PO metronidazole<br>9 IV or PO Clindamycin<br>98 Other (specify)<br>99 None |
| | 124 | [otherabx_del]<br>Show the field ONLY if: [csect_abx_del] = '98' | Specify other antibiotic | text |
| | 125 | [anticoag_del]<br>Show the field ONLY if: [delmode_del] = '3' or [delmode_del] = '4' | Were anticoagulants administered? | yesno<br>1 Yes<br>0 No |
| | 126 | [delivery_maternal_complete] | Section Header: *Form Status*<br>Complete? | dropdown<br>0 Incomplete<br>1 Unverified<br>2 Complete |
| Instrument: **6. Delivery Neonatal** (delivery_neonatal) | | | | |
| | 127 | [infantstatus_del] | Section Header: *Details of Delivery*<br>Was the baby born alive? | yesno<br>1 Yes<br>0 No |
| | 128 | [sb20wk_del]<br>Show the field ONLY if: [infantstatus_del] = '0' | Is stillbirth assumed to be >20 weeks gestation? | yesno<br>1 Yes<br>0 No |
| | 129 | [sb_del]<br>Show the field ONLY if: [infantstatus_del] = '0' | Type of stillbirth | dropdown<br>1 Fresh<br>2 Macerated<br>99 Not sure |
| | 130 | [sbcongenital_del]<br>Show the field ONLY if: [infantstatus_del] = '0' | Presence of visible congenital malformation | dropdown<br>1 Yes<br>2 No<br>3 Not sure |
| | 131 | [sbsex_del]<br>Show the field ONLY if: [infantstatus_del] = '0' | Sex of the stillborn baby | dropdown<br>1 Male<br>2 Female<br>99 Not sure |
| | 132 | [sexbb_del]<br>Show the field ONLY if: [infantstatus_del] = '1' | Sex of the baby | dropdown<br>1 Male<br>2 Female<br>98 Other |
| | 133 | [apgar1_del]<br>Show the field ONLY if: [infantstatus_del] = '1' | Apgar score after 1 minute | text (integer, Min: 1, Max: 10) |

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| | 134 | [apgar5_del]<br>Show the field ONLY if: [infantstatus_del] = '1' | Apgar score after 5 minutes | text (integer, Min: 1, Max: 10) |
| | 135 | [cord_delay_del] | Did the patient experience delayed cord clamping (> 1 minute)? | dropdown<br>1 Yes<br>2 No<br>3 Not sure |
| | 136 | [weightbb_del]<br>Show the field ONLY if: [infantstatus_del] = '1' | Weight of the baby (kg) | text (number) |
| | 137 | [height_neo]<br>Show the field ONLY if: [infantstatus_del] = '1' | Length (cm) | text (number) |
| | 138 | [rescus_del]<br>Show the field ONLY if: [infantstatus_del] = '1' | Any rescucitation at birth? | dropdown<br>1 Yes<br>2 No<br>99 Not sure |
| | 139 | [resustype_del]<br>Show the field ONLY if: [rescus_del] = '1' | What type of resuscitation did the baby receive after birth? (check all that apply) | checkbox<br>1 resustype_del___1 Stimulation only<br>2 resustype_del___2 Oxygen<br>3 resustype_del___3 Bag mask<br>4 resustype_del___4 Suction<br>5 resustype_del___5 Drugs<br>6 resustype_del___6 Warming<br>7 resustype_del___7 Chest compression<br>8 resustype_del___8 Don't know<br>98 resustype_del___98 Other<br>99 resustype_del___99 None |
| | 140 | [delivery_neonatal_complete] | Section Header: *Form Status*<br>Complete? | dropdown<br>0 Incomplete<br>1 Unverified<br>2 Complete |
| Instrument: **7. Discharge Interview Maternal** (discharge_interview_maternal) | | | | |
| | 141 | [disnurse_mat] | Nurse collecting the data | dropdown<br>1 Olivia<br>2 Phionah<br>3 Jonan<br>4 Annet Happy<br>5 Annet Mary<br>6 Miria<br>7 Maureen<br>8 Clare<br>9 Kelemensia<br>10 Immaculate<br>11 Bosco<br>12 Enid Kibone<br>98 Other |
| | 142 | [disnurseother_mat]<br>Show the field ONLY if: [disnurse_mat] = '98' | Specify other nurse: | text |

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| | 143 | [adm_mat] | Section Header: *Maternal Clinical Exam Before Discharge*<br>Was mother admitted to higher level of care due to complications AFTER delivery | yesno<br>1 Yes<br>0 No |
| | 144 | [dischstat_mat] | Discharge status | dropdown<br>1 Routine<br>2 Against medical advice<br>3 Died<br>99 Other |
| | 145 | [sbp_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' | Discharge systolic blood pressure | text (integer) |
| | 146 | [dbp_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' | Discharge diastolic blood pressure | text (integer) |
| | 147 | [rr_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' | Respiratory rate | text (integer) |
| | 148 | [temp_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' | Temporal artery temperature | text (number_1dp, Min: 36, Max: 41) |
| | 149 | [best_spo2_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' | Best SpO2 | text (integer, Min: 60, Max: 100) |
| | 150 | [best_hr_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' | Best Heart rate | text (integer) |
| | 151 | [best_oxyradg_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' and [site_adm] = '2' | Rad-G: Best SpO2 from Rad-G | text (integer, Min: 60, Max: 100) |
| | 152 | [best_hrradg_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' and [site_adm] = '2' | Rad-G: best heart rate (PR) from Rad-G | text (integer) |
| | 153 | [tempradg_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' and [site_adm] = '2' | Rad-G: Temporal artery temperature from Rad-G | text (number_1dp, Min: 36, Max: 41) |
| | 154 | [rrradg_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' and [site_adm] = '2' | Rad-G: Respiratory rate (RRp) from Rad-G | text (integer) |
| | 155 | [hem_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' | Hematocrit (%) | text (integer) |
| | 156 | [destination_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' | Discharge destination | dropdown<br>1 Own home<br>2 Home of relative<br>3 Home of parent (of woman)<br>4 Home of friend<br>5 Mother not yet sure<br>98 Other |
| | 157 | [dischdate_mat] | Date of discharge | text (date_dmy) |
| | 158 | [deathdate_mat] | (Temporary) Date of death | text |

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| | 159 | [dischtime_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' | Time of discharge (USE 24 HOUR TIME) | text (time) |
| | 160 | [support_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' | Please indicate all those from whom you have substantial support at home after discharge (choose all that apply) | checkbox<br>1, support_mat___1, Mother<br>2, support_mat___2, Mother-in-law<br>3, support_mat___3, Husband/partner/father<br>4, support_mat___4, Other relative (sister/cousin, etc)<br>5, support_mat___5, Friend<br>99, support_mat___99, No substantial support at home |
| | 161 | [bf_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' | Any prior history of poor milk production? | dropdown<br>1, Yes<br>2, No<br>3, Not Applicable (first baby) |
| | 162 | [symp_mat]<br>Show the field ONLY if: [dischstat_mat] != '3' | Symptoms currently present (check all that apply) | checkbox<br>1, symp_mat___1, Headache (continuous pain in the front of the head or behind the eyes)<br>2, symp_mat___2, Visual changes (spots, flashing lights or blurry vision)<br>3, symp_mat___3, Chest pain (causing difficulty breathing)<br>4, symp_mat___4, Shortness of breath<br>5, symp_mat___5, Nausea with vomiting<br>6, symp_mat___6, Abdominal pain on the right side<br>7, symp_mat___7, Foul smelling vaginal discharge<br>8, symp_mat___8, Stiff neck<br>9, symp_mat___9, Cough<br>10, symp_mat___10, Difficulty emptying bladder<br>99, symp_mat___99, None |
| | 163 | [abx_mat] | During this admission was woman given antibiotics? | checkbox<br>1, abx_mat___1, Yes - oral antibiotics<br>2, abx_mat___2, Yes - IV antibiotics<br>3, abx_mat___3, No antibiotics<br>99, abx_mat___99, Not sure |
| | 164 | [followup_date_mat] | Scheduled follow-up date (for phone follow-up with research team) | text (date_dmy) |
| | 165 | [comment_mat] | Comment | notes |
| | 166 | [best_sqi_mat] | Section Header: *HIDDEN SYSTEM SECTION (Please ignore during data entry)*<br>Best SQI | text (integer) |
| | 167 | [best_spo2trends_mat] | Best SpO2 Trends file | file |
| | 168 | [best_spo2raw_mat] | Best SpO2 Raw bin file | file |
| | 169 | [add_sqi_mat] | Additional SQI | text (integer) |
| | 170 | [add_spo2trends_mat] | Additional SpO2 Trends file | file |
| | 171 | [add_spo2raw_mat] | Additional SpO2 Raw bin file | file |
| | 172 | [rrtaps_mat] | Respiratory rate taps | notes |

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| | 173 | [discharge_interview_maternal_complete] | Section Header: *Form Status*<br>Complete? | dropdown<br>0, Incomplete<br>1, Unverified<br>2, Complete |
| Instrument: **8. Discharge Interview Neonatal** (discharge_interview_neonatal) | | | | |
| | 174 | [dispbb_neo] | Section Header: *Neonatal Clinical Exam Before Discharge*<br>Disposition of baby? | dropdown<br>1, Discharged<br>2, Admitted<br>3, Died<br>4, Referred<br>5, Discharged, but readmitted after study nurse assessment<br>98, Other |
| | 175 | [dispbb_other_neo]<br>Show the field ONLY if: [dispbb_neo] = '98' | Specify other: | text |
| | 176 | [dispdate_neo] | Disposition date | text (date_dmy) |
| | 177 | [admitsite_neo]<br>Show the field ONLY if: [dispbb_neo] <> '' and [dispbb_neo] <> '1' and [dispbb_neo] <> '3' | Where was the child admitted? | dropdown<br>1, Delivery hospital<br>2, Different hospital |
| | 178 | [admitdisposition_neo]<br>Show the field ONLY if: [dispbb_neo] <> '' and [dispbb_neo] <> '1' and [dispbb_neo] <> '3' | Admission disposition | dropdown<br>1, Died<br>2, Discharged<br>3, Referred<br>4, Discharge against medical advice/fled |
| | 179 | [admitdispdate_neo]<br>Show the field ONLY if: [dispbb_neo] <> '' and [dispbb_neo] <> '1' and [dispbb_neo] <> '3' | Admission disposition date | text (date_dmy) |
| | 180 | [admitdiagnosis_neo]<br>Show the field ONLY if: [dispbb_neo] <> '' and [dispbb_neo] <> '1' and [dispbb_neo] <> '3' | Admission diagnosis | checkbox<br>1, admitdiagnosis_neo___1, Sepsis<br>2, admitdiagnosis_neo___2, Birth Asphyxia<br>3, admitdiagnosis_neo___3, Congenital<br>4, admitdiagnosis_neo___4, Jaundice<br>5, admitdiagnosis_neo___5, prematurity/low birth weight<br>99, admitdiagnosis_neo___99, Other (specify) |
| | 181 | [admitdiagnosisother_neo]<br>Show the field ONLY if: [admitdiagnosis_neo(99)] = '1' | Other admission diagnosis: | text |
| | 182 | [babedisch_neo]<br>Show the field ONLY if: [dispbb_neo] = '1' | Is the baby being discharged home with mom? | yesno<br>1, Yes<br>0, No |
| | 183 | [poop_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Has your baby pooped? | radio<br>1, Yes<br>2, No<br>3, Don't know |

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| | 184 | [pee_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Has your baby peed? | radio<br>1 Yes<br>2 No<br>3 Don't know |
| | 185 | [bf_neo]<br>Show the field ONLY if: [babedisch_neo] = '1' | Is baby latching and suckling well when breastfeeding? | dropdown<br>1 Yes<br>2 No |
| | 186 | [jaundice_neo]<br>Show the field ONLY if: [babedisch_neo] = '1' | Are the baby's eyes yellow? | dropdown<br>0 No<br>1 Yes<br>2 Yes (a little) |
| | 187 | [eyedischarge_neo]<br>Show the field ONLY if: [babedisch_neo] = '1' | Does the baby have a discharge in their eyes? | yesno<br>1 Yes<br>0 No |
| | 188 | [temp1_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Temporal artery temperature 1 | text (number_1dp, Min: 36, Max: 41) |
| | 189 | [temp2_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Temporal artery temperature 2 | text (number_1dp, Min: 36, Max: 41) |
| | 190 | [rr_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Respiratory rate | text (integer) |
| | 191 | [foot_o2src_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Foot Oxygen Saturation Source | radio<br>1 Using tablet<br>2 Separate device |
| | 192 | [foot_best_spo2_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Best Foot SpO2 | text (integer, Min: 60, Max: 100) |
| | 193 | [foot_best_hr_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Best Foot Heart rate | text (integer) |
| | 194 | [foot_best_oxyradg_neo]<br>Show the field ONLY if: [babedisch_neo]='1' and [site_adm] = '2' | Rad-G: Best Foot SpO2 from Rad-G | text (integer, Min: 60, Max: 100) |
| | 195 | [foot_best_hrradg_neo]<br>Show the field ONLY if: [babedisch_neo]='1' and [site_adm] = '2' | Rad-G: Best Foot Heart rate (PR) from Rad-G | text (integer) |
| | 196 | [tempfootradg_neo]<br>Show the field ONLY if: [babedisch_neo]='1' and [site_adm] = '2' | Rad-G: Foot Temporal artery temperature from Rad-G | text (number_1dp, Min: 36, Max: 41) |
| | 197 | [rrfootradg_neo]<br>Show the field ONLY if: [babedisch_neo]='1' and [site_adm] = '2' | Rad-G: Foot Respiratory rate (RRp) from Rad-G | text (integer) |
| | 198 | [rhand_o2src_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Right Hand Oxygen Saturation Source | radio<br>1 Using tablet<br>2 Separate device |

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| | 199 | [rhand_best_spo2_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Best Right Hand SpO2 | text (integer, Min: 60, Max: 100) |
| | 200 | [rhand_best_hr_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Best Right Hand Heart rate | text (integer) |
| | 201 | [rhand_best_oxyradg_neo]<br>Show the field ONLY if: [babedisch_neo]='1' and [site_adm] = '2' | Rad-G: Best Right Hand SpO2 from Rad-G | text (integer, Min: 60, Max: 100) |
| | 202 | [rhand_best_hrradg_neo]<br>Show the field ONLY if: [babedisch_neo]='1' and [site_adm] = '2' | Rad-G: Best Right Hand Heart rate (PR) from Rad-G | text (integer) |
| | 203 | [temphandradg_neo]<br>Show the field ONLY if: [babedisch_neo]='1' and [site_adm] = '2' | Rad-G: Hand Temporal artery temperature from Rad-G | text (number_1dp, Min: 36, Max: 41) |
| | 204 | [rrhandradg_neo]<br>Show the field ONLY if: [babedisch_neo]='1' and [site_adm] = '2' | Rad-G: Hand Respiratory rate (RRp) from Rad-G | text (integer) |
| | 205 | [abx_neo]<br>Show the field ONLY if: [babedisch_neo] = '1' | Was the baby discharged on antibiotics? | yesno<br>1 Yes<br>0 No |
| | 206 | [comment_neo] | Comment | notes |
| | 207 | [foot_best_sqi_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Section Header: *HIDDEN SYSTEM SECTION (Please ignore during data entry)*<br>Best Foot SQI | text (integer) |
| | 208 | [foot_best_spo2trends_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Best Foot SpO2 Trends file | file |
| | 209 | [foot_best_spo2raw_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Best Foot SpO2 Raw bin file | file |
| | 210 | [foot_add_sqi_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Additional Foot SQI | text (integer) |
| | 211 | [foot_add_spo2trends_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Additional Foot SpO2 Trends file | file |
| | 212 | [foot_add_spo2raw_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Additional Foot SpO2 Raw bin file | file |
| | 213 | [rhand_best_sqi_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Best Right Hand SQI | text (integer) |
| | 214 | [rhand_best_spo2trends_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Best Right Hand SpO2 Trends file | file |
| | 215 | [rhand_best_spo2raw_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Best Right Hand SpO2 Raw bin file | file |

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| | 216 | [rhand_add_sqi_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Additional Right Hand SQI | text (integer) |
| | 217 | [rhand_add_spo2trends_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Additional Right Hand SpO2 Trends file | file |
| | 218 | [rhand_add_spo2raw_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Additional Right Hand SpO2 Raw bin file | file |
| | 219 | [rrtaps_neo]<br>Show the field ONLY if: [babedisch_neo]='1' | Respiratory rate taps | notes |
| | 220 | [discharge_interview_neonatal_complete] | Section Header: *Form Status*<br>Complete? | dropdown<br>0, Incomplete<br>1, Unverified<br>2, Complete |
| Instrument: **10. Six Week Follow Up Maternal** (six_week_follow_up_maternal) | | | | |
| | 221 | [intro_swf] | [firstname_adm_v2] [lastname_adm_v2], DOB: [dob_adm_v2]<br>Admitted at [site_adm] on [admitdate_adm_v2]<br>Discharged on [dischdate_mat]<br>Phone: [phone_adm_v2]<br>Alternative Phone: [otherphone_adm_v2]<br>From [villageresidence_adm_v2] in [parishresidence_adm_v2], [subcountyresidence_adm_v2], [districtresidence_adm_v2] | descriptive |
| | 222 | [considerate_swf]<br>Show the field ONLY if: [dischstat_mat] = '3' | Please be considerate: the woman died in hospital | descriptive |
| | 223 | [considerate2_swf]<br>Show the field ONLY if: [dispbb_neo] = '3' | Please be considerate: one of the delivered babies died in hospital | descriptive |
| | 224 | [physical_swf]<br>Show the field ONLY if: [dischstat_mat] != '3' | Check this box if this is a physical (in-person) follow-up | checkbox<br>1, physical_swf___1 |
| | 225 | [respondent_swf]<br>Show the field ONLY if: [dischstat_mat] != '3' | Respondent during the interview? | dropdown<br>1, Woman herself<br>98, Other |
| | 226 | [otherrespondent_swf]<br>Show the field ONLY if: [respondent_swf] = '98' | Specify other | dropdown<br>1, Husband<br>2, Mother in law<br>3, Mother<br>4, Sibling<br>5, Father<br>6, Father in law<br>7, other relative/Friend<br>98, Other |
| | 227 | [home_swf]<br>Show the field ONLY if: [dischstat_mat] != '3' | Is mother based at the same home that you were in prior to delivery (6 weeks after birth)? | yesno<br>1, Yes<br>0, No |
| | 228 | [momalive_swf]<br>Show the field ONLY if: [dischstat_mat] != '3' | Section Header: *Maternal Vital Status*<br>Is the woman alive at the time of follow-up interview? | yesno<br>1, Yes<br>0, No |

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| | 229 | [momdeathdate_swf]<br>Show the field ONLY if: [momalive_swf] = '0' | On what date did she die? | text (date_dmy) |
| | 230 | [momdeathplace_swf]<br>Show the field ONLY if: [momalive_swf] = '0' | Where did she die? | dropdown<br>1, Home<br>2, Hospital<br>3, On the way to hospital<br>98, Other |
| | 231 | [momadmit_swf]<br>Show the field ONLY if: [momalive_swf] = '1' | Section Header: *Health seeking/readmissions*<br>Was the mother admitted for one or more nights at a facility for any reason after being home post-delivery? | yesno<br>1, Yes<br>0, No |
| | 232 | [nummomadmit_swf]<br>Show the field ONLY if: [momadmit_swf] = '1' | How many times was the mother admitted in the first 6 weeks after delivery? | dropdown<br>1, 1<br>2, 2<br>3, 3<br>4, >3 |
| | 233 | [momadmitdate_swf]<br>Show the field ONLY if: [momadmit_swf] = '1' | Date of first admission | text (date_dmy) |
| | 234 | [momnightsadm_swf]<br>Show the field ONLY if: [momadmit_swf] = '1' | For how many nights was she admitted? | text (integer, Min: 1) |
| | 235 | [momadmitpathway_swf]<br>Show the field ONLY if: [momadmit_swf] = '1' | What was the care-seeking pathway to the first admission? | checkbox<br>1, momadmitpathway_swf___1, Routine PNC visit identified problem<br>2, momadmitpathway_swf___2, Self referral<br>3, momadmitpathway_swf___3, Both self-referral and PNC visit resulted in care seeking<br>98, momadmitpathway_swf___98, Other |
| | 236 | [momadmitpathwayother_swf]<br>Show the field ONLY if: [momadmitpathway_swf(98)] = '1' | Other pathway: | text |

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| | 237 | [momadmitsymp_swf]<br><br>Show the field ONLY if: [momadmit_swf] = '1' | What were the symptoms she experienced during this illness? (check all that apply) | checkbox |

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| 1 | momadmitsymp_swf___1 | Heavy vaginal bleeding |
| 2 | momadmitsymp_swf___2 | Bleeding from nose/ eyes/ ears |
| 3 | momadmitsymp_swf___3 | Petechiae (small red dots and bruises across the skin) |
| 4 | momadmitsymp_swf___4 | Abnormal tiredness |
| 5 | momadmitsymp_swf___5 | Convulsions |
| 6 | momadmitsymp_swf___6 | Shortness of breath |
| 7 | momadmitsymp_swf___7 | Changes in vision |
| 8 | momadmitsymp_swf___8 | Severe headache < 24 hrs |
| 9 | momadmitsymp_swf___9 | Severe headache >24 hrs |
| 10 | momadmitsymp_swf___10 | Abdominal pain |
| 11 | momadmitsymp_swf___11 | Abdominal tenderness when touched |
| 12 | momadmitsymp_swf___12 | Foul smelling vaginal discharge |
| 13 | momadmitsymp_swf___13 | Fever/ body hotness < 7days |
| 14 | momadmitsymp_swf___14 | Fever/ body hotness >7days |
| 15 | momadmitsymp_swf___15 | Diarrhea < 14 days |
| 16 | momadmitsymp_swf___16 | Diarrhea >14 days |
| 17 | momadmitsymp_swf___17 | Vomiting everything |
| 18 | momadmitsymp_swf___18 | Cough < 14 days |
| 19 | momadmitsymp_swf___19 | Cough >14 days |
| 20 | momadmitsymp_swf___20 | Yellow eyes |
| 21 | momadmitsymp_swf___21 | Loss of consciousness |
| 98 | momadmitsymp_swf___98 | Other (specify) |
| 99 | momadmitsymp_swf___99 | None |

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| | 238 | [momadmitsympother_swf]<br><br>Show the field ONLY if: [momadmitsymp_swf(98)] = '1' | Other symptom | text |

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| | 239 | [momadmitcond_swf]<br>Show the field ONLY if: [momadmit_swf] = '1' | Was she told she had any of the following conditions during this visit? (check all that apply) | checkbox<br>1, momadmitcond_swf___1, Pre-eclampsia<br>2, momadmitcond_swf___2, Eclampsia<br>3, momadmitcond_swf___3, Diabetes<br>4, momadmitcond_swf___4, Fistula<br>5, momadmitcond_swf___5, HIV related illness<br>6, momadmitcond_swf___6, Malaria<br>7, momadmitcond_swf___7, Retained placenta<br>8, momadmitcond_swf___8, Heavy bleeding<br>9, momadmitcond_swf___9, Anemia<br>10, momadmitcond_swf___10, Surgical site infection<br>11, momadmitcond_swf___11, Puerperal sepsis<br>12, momadmitcond_swf___12, Other infection<br>13, momadmitcond_swf___13, Diarrhea<br>14, momadmitcond_swf___14, Vomiting<br>15, momadmitcond_swf___15, PPD/psychosis<br>16, momadmitcond_swf___16, Needed another surgery<br>17, momadmitcond_swf___17, Needed blood transfusion<br>18, momadmitcond_swf___18, Needed oxygen<br>98, momadmitcond_swf___98, Other (specify)<br>99, momadmitcond_swf___99, None |
| | 240 | [momadmitcondother_swf]<br>Show the field ONLY if: [momadmitcond_swf(98)] = '1' | Other condition: | text |
| | 241 | [momseek_swf]<br>Show the field ONLY if: [momalive_swf] = '1' | Did she seek care at a facility at any time after being home post-discharge that DID NOT result in an admission? | yesno<br>1, Yes<br>0, No |
| | 242 | [momseekdate_swf]<br>Show the field ONLY if: [momseek_swf] = '1' | Date of first care seeking visit: | text (date_dmy) |
| | 243 | [momseekpathway_swf]<br>Show the field ONLY if: [momseek_swf] = '1' | What was the care-seeking pathway for this visit? | checkbox<br>1, momseekpathway_swf___1, Routine PNC visit identified problem<br>2, momseekpathway_swf___2, Self referral<br>3, momseekpathway_swf___3, Both self-referral and PNC visit resulted in care seeking<br>98, momseekpathway_swf___98, Other |
| | 244 | [momseekpathwayother_swf]<br>Show the field ONLY if: [momseekpathway_swf(98)] = '1' | Other pathway: | text |

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| | 245 | [momseeksymp_swf]<br>Show the field ONLY if: [momseek_swf] = '1' | What were the symptoms she experienced during this illness (check all that apply)? | checkbox |

| | | |
|---|---|---|
| 1 | momseeksymp_swf___1 | Heavy vaginal bleeding |
| 2 | momseeksymp_swf___2 | Bleeding from nose/ eyes/ ears |
| 3 | momseeksymp_swf___3 | Petechiae (small red dots and bruises across the skin) |
| 4 | momseeksymp_swf___4 | Abnormal tiredness |
| 5 | momseeksymp_swf___5 | Convulsions |
| 6 | momseeksymp_swf___6 | Shortness of breath |
| 7 | momseeksymp_swf___7 | Changes in vision |
| 8 | momseeksymp_swf___8 | Severe headache < 24 hrs |
| 9 | momseeksymp_swf___9 | Severe headache >24 hrs |
| 10 | momseeksymp_swf___10 | Abdominal pain |
| 11 | momseeksymp_swf___11 | Abdominal tenderness when touched |
| 12 | momseeksymp_swf___12 | Foul smelling vaginal discharge |
| 13 | momseeksymp_swf___13 | Fever/ body hotness < 7days |
| 14 | momseeksymp_swf___14 | Fever/ body hotness >7days |
| 15 | momseeksymp_swf___15 | Diarrhea < 14 days |
| 16 | momseeksymp_swf___16 | Diarrhea >14 days |
| 17 | momseeksymp_swf___17 | Vomiting everything |
| 18 | momseeksymp_swf___18 | Cough < 14 days |
| 19 | momseeksymp_swf___19 | Cough >14 days |
| 20 | momseeksymp_swf___20 | Yellow eyes |
| 21 | momseeksymp_swf___21 | Loss of consciousness |
| 98 | momseeksymp_swf___98 | Other (specify) |
| 99 | momseeksymp_swf___99 | None |

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| | 246 | [momseeksympother_swf]<br>Show the field ONLY if: [momseeksymp_swf(98)] = '1' | Other symptom: | text |

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| | 247 | [momseekcond_swf]<br>Show the field ONLY if: [momseek_swf] = '1' | Was she told she had any of the following conditions during this visit (check all that apply)? | checkbox<br>1, momseekcond_swf___1, Pre-eclampsia<br>2, momseekcond_swf___2, Eclampsia<br>3, momseekcond_swf___3, Diabetes<br>4, momseekcond_swf___4, Fistula<br>5, momseekcond_swf___5, HIV<br>6, momseekcond_swf___6, Malaria<br>7, momseekcond_swf___7, Retained placenta<br>8, momseekcond_swf___8, Heavy bleeding<br>9, momseekcond_swf___9, Anemia<br>10, momseekcond_swf___10, Surgical site infection<br>11, momseekcond_swf___11, Puerperal sepsis<br>12, momseekcond_swf___12, Other infection<br>13, momseekcond_swf___13, Diarrhea<br>14, momseekcond_swf___14, Vomiting<br>15, momseekcond_swf___15, PPD/psychosis<br>16, momseekcond_swf___16, Needed another surgery<br>17, momseekcond_swf___17, Needed blood transfusion<br>18, momseekcond_swf___18, Needed oxygen<br>98, momseekcond_swf___98, Other (specify)<br>99, momseekcond_swf___99, None |
| | 248 | [momseekcondother_swf]<br>Show the field ONLY if: [momseekcond_swf(98)] = '1' | Other condition: | text |
| | 249 | [pnc_mom_swf]<br>Show the field ONLY if: [dischstat_mat] != '3' | Section Header: *PNC Visits*<br>How many PNC visits were conducted in the first 6 weeks after delivery to assess the condition of the mother (NOT for the baby)? | dropdown<br>0, 0<br>1, 1<br>2, 2<br>3, 3<br>4, >3 |
| | 250 | [mompnc1_swf]<br>Show the field ONLY if: [pnc_mom_swf] > 0 | How many days after delivery did the first visit take place? | text (integer, Min: 1, Max: 42) |
| | 251 | [mompnc2_swf]<br>Show the field ONLY if: [pnc_mom_swf] > 1 | How many days after delivery did the second visit take place? | text (integer, Min: 1, Max: 42) |
| | 252 | [mompnc3_swf]<br>Show the field ONLY if: [pnc_mom_swf] > 2 | How many days after delivery did the third visit take place? | text (integer, Min: 1, Max: 42) |
| | 253 | [comment_swf] | Comment | notes |
| | 254 | [numbabyinstr_swf] | This woman delivered [numbabe_del] baby (babies). Please complete [numbabe_del] six-week follow-up neonatal instances. | descriptive |
| | 255 | [six_week_follow_up_maternal_complete] | Section Header: *Form Status*<br>Complete? | dropdown<br>0, Incomplete<br>1, Unverified<br>2, Complete |
| Instrument: **11. Six Week Follow Up Neonatal** (six_week_follow_up_neonatal) | | | | |
| | 256 | [babenum_swf] | Baby #[current-instance] of [numbabe_del] | descriptive |

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| | 257 | [babedied_swf]<br>Show the field ONLY if: [dispbb_neo][current-instance] = '3' or [admitdisposition_neo][current-instance] = '1' | This baby died in hospital. Please mark this form as "Complete", and continue to the next baby if applicable. | descriptive |
| | 258 | [babephysical_swf]<br>Show the field ONLY if: [dispbb_neo][current-instance] != '3' and [admitdisposition_neo][current-instance] != '1' | Check this box if this is a physical (in-person) follow-up | checkbox<br>1 babephysical_swf___1 |
| | 259 | [babealive_swf]<br>Show the field ONLY if: [dispbb_neo][current-instance] != '3' and [admitdisposition_neo][current-instance] != '1' | Section Header: *Vital Status*<br>Is the newborn alive at the time of follow-up interview? | yesno<br>1 Yes<br>0 No |
| | 260 | [babedeathdate_swf]<br>Show the field ONLY if: [babealive_swf] = '0' | On what date did the baby die? | text (date_dmy) |
| | 261 | [babedeathplace_swf]<br>Show the field ONLY if: [babealive_swf] = '0' | Where did the baby die? | dropdown<br>1 Home<br>2 Hospital<br>3 on the way to hospital<br>98 Other |
| | 262 | [babedeathplaceother_swf]<br>Show the field ONLY if: [babedeathplace_swf] = '98' | Specify other | text |
| | 263 | [babeadmit_swf]<br>Show the field ONLY if: [babealive_swf] = '1' | Section Header: *Health seeking/readmissions*<br>Was the newborn admitted for one or more nights at a facility for any reason after being home post-delivery? | yesno<br>1 Yes<br>0 No |
| | 264 | [numbabeadmit_swf]<br>Show the field ONLY if: [babeadmit_swf] = '1' | How many times was the baby admitted in the first 6 weeks after birth | dropdown<br>1 1<br>2 2<br>3 3<br>4 >3 |
| | 265 | [babeadmitage_swf]<br>Show the field ONLY if: [babeadmit_swf] = '1' | How many days old was the baby during the first admission? | text (integer, Min: 1, Max: 42) |
| | 266 | [babenightsadm_swf]<br>Show the field ONLY if: [babeadmit_swf] = '1' | For how many nights were they admitted? | text (integer, Min: 1) |
| | 267 | [babeadmitpathway_swf]<br>Show the field ONLY if: [babeadmit_swf] = '1' | What was the care-seeking pathway to this admission? | checkbox<br>1 babeadmitpathway_swf___1 Routine well-baby visit identified problem<br>2 babeadmitpathway_swf___2 Self referral due to parental concern<br>3 babeadmitpathway_swf___3 Both self-referral and well-baby visit resulted in care seeking<br>98 babeadmitpathway_swf___98 Other |

| | | | | |
|---|---|---|---|---|
| | 268 | [babeadmitpathwayother_swf]<br>Show the field ONLY if: [babeadmitpathway_swf(98)] = '1' | Other pathway: | text |
| | 269 | [babeadmitsymp_swf]<br>Show the field ONLY if: [babeadmit_swf] = '1' | What were the symptoms the child experienced during this illness (check all that apply)? | checkbox<br>1, babeadmitsymp_swf___1, Skin pustules<br>2, babeadmitsymp_swf___2, Respiratory distress<br>3, babeadmitsymp_swf___3, Watery stool<br>4, babeadmitsymp_swf___4, Fever/hotness of body<br>5, babeadmitsymp_swf___5, Bilious vomit<br>6, babeadmitsymp_swf___6, projectile vomit<br>7, babeadmitsymp_swf___7, Not waking up to feed or abnormally sleepy<br>8, babeadmitsymp_swf___8, Swelling of both feet<br>9, babeadmitsymp_swf___9, Changes in urine color<br>10, babeadmitsymp_swf___10, Making less urine than usual<br>11, babeadmitsymp_swf___11, Blood in stool<br>12, babeadmitsymp_swf___12, Seizure/convulsions<br>13, babeadmitsymp_swf___13, Coma<br>14, babeadmitsymp_swf___14, Yellow soles<br>15, babeadmitsymp_swf___15, Difficulty wtih breastfeeding<br>16, babeadmitsymp_swf___16, Cough<br>17, babeadmitsymp_swf___17, Umbilical cord problem (pain, discharge, etc.)<br>18, babeadmitsymp_swf___18, Not gaining weight<br>98, babeadmitsymp_swf___98, Other<br>99, babeadmitsymp_swf___99, None |
| | 270 | [babeadmitsympother_swf]<br>Show the field ONLY if: [babeadmitsymp_swf(98)] = '1' | Other symptom: | text |
| | 271 | [transfusion_swf]<br>Show the field ONLY if: [babeadmit_swf] = '1' | Was baby transfused during any admission post-discharge | yesno<br>1, Yes<br>0, No |

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| | 272 | [babeadmitcond_swf]<br>Show the field ONLY if: [babeadmit_swf] = '1' | Were you told the child had any of the following conditions? | checkbox<br>1 babeadmitcond_swf___1 Sepsis<br>2 babeadmitcond_swf___2 Respiratory illness<br>3 babeadmitcond_swf___3 Oncologic disease (cancer)<br>4 babeadmitcond_swf___4 Congenital abnormality<br>5 babeadmitcond_swf___5 Endocrine/ metabolic disease<br>6 babeadmitcond_swf___6 Failure to thrive<br>7 babeadmitcond_swf___7 Trauma/ injury<br>8 babeadmitcond_swf___8 HIV<br>9 babeadmitcond_swf___9 Sickle Cell<br>10 babeadmitcond_swf___10 Anemia<br>11 babeadmitcond_swf___11 Dehydration<br>98 babeadmitcond_swf___98 Other<br>99 babeadmitcond_swf___99 None |
| | 273 | [babeadmitcondother_swf]<br>Show the field ONLY if: [babeadmitcond_swf(98)] = '1' | Other condition: | text |
| | 274 | [matsymp_babeoutcome]<br>Show the field ONLY if: [babeadmit_swf]=1 | Was the mother experiencing any signifcant illness at the time when baby was admitted? | yesno<br>1 Yes<br>0 No |
| | 275 | [babefeed_outcome]<br>Show the field ONLY if: [babealive_swf] = '1' | Is the baby being exclusively breastfed | yesno<br>1 Yes<br>0 No |
| | 276 | [babeseek_swf]<br>Show the field ONLY if: [babealive_swf] = '1' | Did you seek care for the newborn at a facility at any time after being home post-discharge that DID NOT result in an admission? | yesno<br>1 Yes<br>0 No |
| | 277 | [babeseekage_swf]<br>Show the field ONLY if: [babeseek_swf] = '1' | How many days old was the baby during the first such visit? | text (integer, Min: 1, Max: 42) |
| | 278 | [babeseekpathway_swf]<br>Show the field ONLY if: [babeseek_swf] = '1' | What was the care-seeking pathway for this visit? | checkbox<br>1 babeseekpathway_swf___1 Routine well-baby visit identified problem<br>2 babeseekpathway_swf___2 Self referral due to parental concern<br>3 babeseekpathway_swf___3 Both self-referral and well-baby visit resulted in care seeking<br>98 babeseekpathway_swf___98 Other |
| | 279 | [babeseekpathwayother_swf]<br>Show the field ONLY if: [babeseekpathway_swf(98)] = '1' | Other pathway: | text |
| | 280 | [pnc_baby_swf]<br>Show the field ONLY if: [dispbb_neo][current-instance] != '3' and [admitdisposition_neo][current-instance] != '1' | Section Header: *Well-baby visits (i.e. PNC visits)*<br>How many well-baby visits were conducted in the first 6 weeks (i.e. post-natal care visits for the baby) during which your baby was physically examined | dropdown<br>0 0<br>1 1<br>2 2<br>3 3<br>4 >3 |

| | | | | |
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| | 281 | [babepnc1_swf]<br>Show the field ONLY if: [pnc_baby_swf] > 0 | How many days old was this baby at the first visit? | text (integer, Min: 1, Max: 42) |
| | 282 | [babepnc2_swf]<br>Show the field ONLY if: [pnc_baby_swf] > 1 | How many days old was this baby at the second visit? | text (integer, Min: 1, Max: 42) |
| | 283 | [babepnc3_swf]<br>Show the field ONLY if: [pnc_baby_swf] > 2 | How many days old was this baby at the third visit? | text (integer, Min: 1, Max: 42) |
| | 284 | [comment2_swf] | Comment | notes |
| | 285 | [six_week_follow_up_neonatal_complete] | Section Header: *Form Status*<br>Complete? | dropdown<br>0 Incomplete<br>1 Unverified<br>2 Complete |

Instrument: **12. Six Week Follow Up Wellness Checks** (six_week_follow_up_wellness_checks)

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| | 286 | [momchecks_swf]<br>Show the field ONLY if: [momalive_swf] = '1' | Did you know you needed to attend a routine wellness check for yourself after being sent home? | yesno<br>1 Yes<br>0 No |
| | 287 | [babechecks_swf]<br>Show the field ONLY if: [babealive_swf][first-instance] = '1' or [babealive_swf][last-instance] = '1' | Did you know you needed to attend a routine wellness check for your baby after being sent home? | yesno<br>1 Yes<br>0 No |
| | 288 | [wellnesstimesthink_swf] | How many times do you think you need to attend a routine wellness check for you or your baby after being sent home? | radio<br>0 0<br>1 1<br>2 2<br>3 3<br>4 4<br>5 More than 4 |
| | 289 | [wellnesssource_swf]<br>Show the field ONLY if: [momchecks_swf] = '1' or [babechecks_swf] = '1' | How did you know to do this? | checkbox<br>1 wellnesssource_swf___1 Information from a healthcare worker at discharge<br>2 wellnesssource_swf___2 Previous pregnancy or experience<br>3 wellnesssource_swf___3 Guidance from a family member or friend<br>4 wellnesssource_swf___4 Date listed on the discharge form<br>98 wellnesssource_swf___98 Other |
| | 290 | [wellnesssourceother_swf]<br>Show the field ONLY if: [wellnesssource_swf(98)] = '1' | Specify any other ways you knew to do this. | text |
| | 291 | [wellnesstimes_swf]<br>Show the field ONLY if: [momchecks_swf] = '1' or [babechecks_swf] = '1' | How many times were you told to seek routine wellness checks? | radio<br>0 0<br>1 1<br>2 2<br>3 3<br>4 4<br>5 More than 4<br>Field Annotation: @HIDDEN |

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| | 292 | [wellnesswhen_swf]<br>Show the field ONLY if: [momchecks_swf] = '1' or [babechecks_swf] = '1' | What did the information you received tell you about when you should attend a routine wellness check (time periods relate to days/hours after birth)? | checkbox<br>1, wellnesswhen_swf___1, 1 day (24 hours)<br>2, wellnesswhen_swf___2, 3 days (48-72 hours)<br>3, wellnesswhen_swf___3, 6 days<br>4, wellnesswhen_swf___4, 7-14 days<br>5, wellnesswhen_swf___5, 6 weeks<br>98, wellnesswhen_swf___98, Other<br>99, wellnesswhen_swf___99, None |
| | 293 | [wellnesswhenother_swf]<br>Show the field ONLY if: [wellnesswhen_swf(98)] = '1' | Specify the other times you were told to do this. | text |
| | 294 | [wellnessreasonnot_swf] | Is there any reason you may not have attended? | checkbox<br>1, wellnessreasonnot_swf___1, I did not think it was necessary<br>2, wellnessreasonnot_swf___2, I did not know<br>3, wellnessreasonnot_swf___3, Cost of transport<br>4, wellnessreasonnot_swf___4, Distance to nearest facility<br>5, wellnessreasonnot_swf___5, Bad weather or roads<br>6, wellnessreasonnot_swf___6, No one to look after other children (child care)<br>7, wellnessreasonnot_swf___7, Previous bad experience with the health workers<br>8, wellnessreasonnot_swf___8, Fears or insecurities<br>9, wellnessreasonnot_swf___9, Decision is made by my husband/partner or someone else in the family<br>10, wellnessreasonnot_swf___10, Cost of care at the facility<br>98, wellnessreasonnot_swf___98, Other<br>99, wellnessreasonnot_swf___99, None |
| | 295 | [wellnessreasonnotother_swf]<br>Show the field ONLY if: [wellnessreasonnot_swf(98)] = '1' | Specify other reason you may not have attended. | text |

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| | 296 | [wellnessdiscuss_swf] | Were any of the following discussed with you by a healthcare worker regarding seeking care for you and your baby? | checkbox<br>1, wellnessdiscuss_swf___1, Seek care for illness or complications<br>2, wellnessdiscuss_swf___2, Attend family planning at 6 weeks<br>3, wellnessdiscuss_swf___3, Attend vaccination visit at 6 weeks<br>4, wellnessdiscuss_swf___4, Attend routine wellness checks throughout the 6 week postnatal period<br>5, wellnessdiscuss_swf___5, Healthcare workers would complete home visits for routine wellness checks<br>99, wellnessdiscuss_swf___99, None |
| | 297 | [six_week_follow_up_wellness_checks_complete] | Section Header: *Form Status*<br>Complete? | dropdown<br>0, Incomplete<br>1, Unverified<br>2, Complete |

Instrument: **Verbal Autopsy - Mother** (verbal_autopsy_mother)

| | | | | |
|---|---|---|---|---|
| | 298 | [confirm_studyid_va_m] | Confirm Study ID | text |
| | 299 | [date_va_m] | Date of verbal autopsy: | text (date_dmy) |
| | 300 | [id10007_m] | Section Header: *Information on the respondent and background about interview*<br>What is the sex of the VA respondent? | radio<br>1, Female<br>2, Male<br>3, Ambiguous/Intersex |
| | 301 | [id10008_m] | What is your/the respondent's relationship to the deceased? | dropdown<br>1, Parent<br>2, Child<br>3, Other family member<br>4, Friend<br>5, Spouse<br>6, Health worker<br>7, Public official<br>8, Another relationship<br>88, Refused to answer |
| | 302 | [id10009_m] | Did you/the respondent live with the deceased in the period leading to her death? | radio<br>1, Yes<br>0, No<br>99, Doesn't know<br>88, Refused to answer |
| | 303 | [id10013_m] | Did the respondent give consent? | radio<br>1, Yes<br>0, No |
| | 304 | [ageatdeath] | Mother's age at death (in years): | calc<br>Calculation: if([dischstat_mat] = '3' or [momalive_swf] = '0', if([dobknown_adm_v2]='1', (rounddown(datediff([momdeathdate_swf], [dob_adm_v2], 'y'))), [dob_estage_adm_v2]), '') |

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| | 305 | [id10487_m] | Section Header: *You will now be filling in the questionnaire for an ADULT.*<br>In the two weeks before death, did she live with or visit someone who had any COVID-19 symptoms or a positive COVID-19 test? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 306 | [id10488_m] | In the two weeks before death, did she travel to an area where COVID-19 is known to be present?<br>*Based on self-report of the respondent. If there is doubt, note the location in the narrative and check with the respective supervisor.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 307 | [momadmit_va]<br>Show the field ONLY if: [dischstat_mat] != '3' | Section Header: *Health seeking/readmissions*<br>Was the mother admitted for one or more nights at a facility for any reason after being home post-delivery? | yesno<br>1 Yes<br>0 No |
| | 308 | [nummomadmit_va]<br>Show the field ONLY if: [momadmit_va] = '1' | How many times was the mother admitted in the first 6 weeks after delivery? | dropdown<br>1 1<br>2 2<br>3 3<br>4 >3 |
| | 309 | [momadmitdate_va]<br>Show the field ONLY if: [momadmit_va] = '1' | Date of first admission | text (date_dmy) |
| | 310 | [momnightsadm_va]<br>Show the field ONLY if: [momadmit_va] = '1' | For how many nights was she admitted? | text (integer, Min: 1) |
| | 311 | [momadmitpathway_va]<br>Show the field ONLY if: [momadmit_va] = '1' | What was the care-seeking pathway to the first admission? | checkbox<br>1 momadmitpathway_va___1 Routine PNC visit identified problem<br>2 momadmitpathway_va___2 Self referral<br>3 momadmitpathway_va___3 Both self-referral and PNC visit resulted in care seeking<br>98 momadmitpathway_va___98 Other |
| | 312 | [momadmitpathwayother_va]<br>Show the field ONLY if: [momadmitpathway_va(98)] = '1' | Other pathway: | text |

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| | 313 | [momadmitsymp_va]<br>Show the field ONLY if: [momadmit_va] = '1' | What were the symptoms she experienced during this illness? (check all that apply) | checkbox |

| | | |
|---|---|---|
| 1 | momadmitsymp_va___1 | Heavy vaginal bleeding |
| 2 | momadmitsymp_va___2 | Bleeding from nose/ eyes/ ears |
| 3 | momadmitsymp_va___3 | Petechiae (small red dots and bruises across the skin) |
| 4 | momadmitsymp_va___4 | Abnormal tiredness |
| 5 | momadmitsymp_va___5 | Convulsions |
| 6 | momadmitsymp_va___6 | Shortness of breath |
| 7 | momadmitsymp_va___7 | Changes in vision |
| 8 | momadmitsymp_va___8 | Severe headache < 24 hrs |
| 9 | momadmitsymp_va___9 | Severe headache >24 hrs |
| 10 | momadmitsymp_va___10 | Abdominal pain |
| 11 | momadmitsymp_va___11 | Abdominal tenderness when touched |
| 12 | momadmitsymp_va___12 | Foul smelling vaginal discharge |
| 13 | momadmitsymp_va___13 | Fever/ body hotness < 7days |
| 14 | momadmitsymp_va___14 | Fever/ body hotness >7days |
| 15 | momadmitsymp_va___15 | Diarrhea < 14 days |
| 16 | momadmitsymp_va___16 | Diarrhea >14 days |
| 17 | momadmitsymp_va___17 | Vomiting everything |
| 18 | momadmitsymp_va___18 | Cough < 14 days |
| 19 | momadmitsymp_va___19 | Cough >14 days |
| 20 | momadmitsymp_va___20 | Yellow eyes |
| 21 | momadmitsymp_va___21 | Loss of consciousness |
| 98 | momadmitsymp_va___98 | Other (specify) |
| 99 | momadmitsymp_va___99 | None |

| | | | | |
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| | 314 | [momadmitsympother_va]<br>Show the field ONLY if: [momadmitsymp_va(98)] = '1' | Other symptom | text |

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| | 315 | [momadmitcond_va]<br>Show the field ONLY if: [momadmit_va] = '1' | Was she told she had any of the following conditions during this visit? (check all that apply) | checkbox<br>1 momadmitcond_va___1 Pre-eclampsia<br>2 momadmitcond_va___2 Eclampsia<br>3 momadmitcond_va___3 Diabetes<br>4 momadmitcond_va___4 Fistula<br>5 momadmitcond_va___5 HIV related illness<br>6 momadmitcond_va___6 Malaria<br>7 momadmitcond_va___7 Retained placenta<br>8 momadmitcond_va___8 Heavy bleeding<br>9 momadmitcond_va___9 Anemia<br>10 momadmitcond_va___10 Surgical site infection<br>11 momadmitcond_va___11 Puerperal sepsis<br>12 momadmitcond_va___12 Other infection<br>13 momadmitcond_va___13 Diarrhea<br>14 momadmitcond_va___14 Vomiting<br>15 momadmitcond_va___15 PPD/psychosis<br>16 momadmitcond_va___16 Needed another surgery<br>17 momadmitcond_va___17 Needed blood transfusion<br>18 momadmitcond_va___18 Needed oxygen<br>98 momadmitcond_va___98 Other (specify)<br>99 momadmitcond_va___99 None |
| | 316 | [momadmitcondother_va]<br>Show the field ONLY if: [momadmitcond_va(98)] = '1' | Other condition: | text |
| | 317 | [momseek_va]<br>Show the field ONLY if: [dischstat_mat] != '3' | Did she seek care at a facility at any time after being home post-delivery that DID NOT result in an admission? | yesno<br>1 Yes<br>0 No |
| | 318 | [momseekdate_va]<br>Show the field ONLY if: [momseek_va] = '1' | Date of first care seeking visit: | text (date_dmy) |
| | 319 | [momseekpathway_va]<br>Show the field ONLY if: [momseek_va] = '1' | What was the care-seeking pathway for this visit? | checkbox<br>1 momseekpathway_va___1 Routine PNC visit identified problem<br>2 momseekpathway_va___2 Self referral<br>3 momseekpathway_va___3 Both self-referral and PNC visit resulted in care seeking<br>98 momseekpathway_va___98 Other |
| | 320 | [momseekpathwayother_va]<br>Show the field ONLY if: [momseekpathway_va(98)] = '1' | Other pathway: | text |

| | | | | |
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| | 321 | [momseeksymp_va]<br>Show the field ONLY if: [momseek_va] = '1' | What were the symptoms she experienced during this illness (check all that apply)? | checkbox |

| | | |
|---|---|---|
| 1 | momseeksymp_va___1 | Heavy vaginal bleeding |
| 2 | momseeksymp_va___2 | Bleeding from nose/ eyes/ ears |
| 3 | momseeksymp_va___3 | Petechiae (small red dots and bruises across the skin) |
| 4 | momseeksymp_va___4 | Abnormal tiredness |
| 5 | momseeksymp_va___5 | Convulsions |
| 6 | momseeksymp_va___6 | Shortness of breath |
| 7 | momseeksymp_va___7 | Changes in vision |
| 8 | momseeksymp_va___8 | Severe headache < 24 hrs |
| 9 | momseeksymp_va___9 | Severe headache >24 hrs |
| 10 | momseeksymp_va___10 | Abdominal pain |
| 11 | momseeksymp_va___11 | Abdominal tenderness when touched |
| 12 | momseeksymp_va___12 | Foul smelling vaginal discharge |
| 13 | momseeksymp_va___13 | Fever/ body hotness < 7days |
| 14 | momseeksymp_va___14 | Fever/ body hotness >7days |
| 15 | momseeksymp_va___15 | Diarrhea < 14 days |
| 16 | momseeksymp_va___16 | Diarrhea >14 days |
| 17 | momseeksymp_va___17 | Vomiting everything |
| 18 | momseeksymp_va___18 | Cough < 14 days |
| 19 | momseeksymp_va___19 | Cough >14 days |
| 20 | momseeksymp_va___20 | Yellow eyes |
| 21 | momseeksymp_va___21 | Loss of consciousness |
| 98 | momseeksymp_va___98 | Other (specify) |
| 99 | momseeksymp_va___99 | None |

| | | | | |
|---|---|---|---|---|
| | 322 | [momseeksympother_va]<br>Show the field ONLY if: [momseeksymp_va(98)] = '1' | Other symptom: | text |

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| | 323 | [momseekcond_va]<br>Show the field ONLY if: [momseek_va] = '1' | Was she told she had any of the following conditions during this visit (check all that apply)? | checkbox<br>1 momseekcond_va___1 Pre-eclampsia<br>2 momseekcond_va___2 Eclampsia<br>3 momseekcond_va___3 Diabetes<br>4 momseekcond_va___4 Fistula<br>5 momseekcond_va___5 HIV<br>6 momseekcond_va___6 Malaria<br>7 momseekcond_va___7 Retained placenta<br>8 momseekcond_va___8 Heavy bleeding<br>9 momseekcond_va___9 Anemia<br>10 momseekcond_va___10 Surgical site infection<br>11 momseekcond_va___11 Puerperal sepsis<br>12 momseekcond_va___12 Other infection<br>13 momseekcond_va___13 Diarrhea<br>14 momseekcond_va___14 Vomiting<br>15 momseekcond_va___15 PPD/psychosis<br>16 momseekcond_va___16 Needed another surgery<br>17 momseekcond_va___17 Needed blood transfusion<br>18 momseekcond_va___18 Needed oxygen<br>98 momseekcond_va___98 Other (specify)<br>99 momseekcond_va___99 None |
| | 324 | [momseekcondother_va]<br>Show the field ONLY if: [momseekcond_va(98)] = '1' | Other condition: | text |
| | 325 | [id10077_m] | Section Header: *History of injuries/accidents*<br>Did she suffer from any injury or accident that led to her death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 326 | [id10079_m]<br>Show the field ONLY if: [id10077_m]='1' | Section Header: *Injuries and accidents detail*<br>Was it a road traffic accident? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 327 | [id10080_m]<br>Show the field ONLY if: [id10079_m] = '1' | What was her role in the road traffic accident? | radio<br>1 Pedestrian<br>2 Driver or passenger in car or light vehicle<br>3 Driver or passenger in bus or heavy vehicle<br>4 Driver or passenger on a motorcycle<br>5 Driver or passenger on a pedal cycle<br>6 Other<br>99 Doesn't know<br>88 Refused to answer |

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| | 328 | [id10081_m]<br>Show the field ONLY if: [id10079_m] = '1' | What was the counterpart that was hit during the road traffic accident? | radio<br>1 Pedestrian<br>2 Stationary object<br>3 Car or light vehicle<br>4 Bus or heavy vehicle<br>5 Motorcycle<br>6 Pedal cycle<br>7 Other<br>99 Doesn't know<br>88 Refused to answer |
| | 329 | [id10082_m]<br>Show the field ONLY if: [id10079_m] = '0' or [id10079_m] = '99' or [id10079_m] = '88' | Was she injured in a non-road transport accident? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 330 | [id10083_m]<br>Show the field ONLY if: [id10079_m] = '0' or [id10079_m] = '99' or [id10079_m] = '88' | Was she injured in a fall?<br>*This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 331 | [id10084_m]<br>Show the field ONLY if: [id10079_m] = '0' or [id10079_m] = '99' or [id10079_m] = '88' | Was there any poisoning?<br>*This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 332 | [id10085_m]<br>Show the field ONLY if: [id10079_m] = '0' or [id10079_m] = '99' or [id10079_m] = '88' | Did she die of drowning?<br>*This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 333 | [id10086_m]<br>Show the field ONLY if: [id10079_m] = '0' or [id10079_m] = '99' or [id10079_m] = '88' | Was she injured by a bite or sting by venomous animal?<br>*This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 334 | [id10087_m]<br>Show the field ONLY if: [id10086_m] = '0' or [id10086_m] = '99' or [id10086_m] = '88' | Was she injured by an animal or insect (non-venomous)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 335 | [id10088_m]<br>Show the field ONLY if: [id10086_m] = '1' or [id10087_m] = '1' | What was the animal/insect? | radio<br>1 Dog<br>2 Snake<br>3 Insect or scorpion<br>4 Other<br>99 Doesn't know<br>88 Refused to answer |

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| | 336 | [id10089_m]<br>Show the field ONLY if: [id10079_m] = '0' or [id10079_m] = '99' or [id10079_m] = '88' | Was she injured by burns/fire? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 337 | [id10090_m]<br>Show the field ONLY if: [id10079_m] = '0' or [id10079_m] = '99' or [id10079_m] = '88' | Was she subject to violence (homicide, abuse)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 338 | [id10091_m]<br>Show the field ONLY if: [id10079_m] = '0' or [id10079_m] = '99' or [id10079_m] = '88' | Was she injured by a firearm? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 339 | [id10092_m]<br>Show the field ONLY if: [id10079_m] = '0' or [id10079_m] = '99' or [id10079_m] = '88' | Was she stabbed, cut or pierced? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 340 | [id10093_m]<br>Show the field ONLY if: [id10079_m] = '0' or [id10079_m] = '99' or [id10079_m] = '88' | Was she strangled? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 341 | [id10094_m]<br>Show the field ONLY if: [id10079_m] = '0' or [id10079_m] = '99' or [id10079_m] = '88' | Was she injured by a blunt force? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 342 | [id10095_m]<br>Show the field ONLY if: [id10079_m] = '0' or [id10079_m] = '99' or [id10079_m] = '88' | Was she injured by a force of nature? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 343 | [id10096_m]<br>Show the field ONLY if: [id10079_m] = '0' or [id10079_m] = '99' or [id10079_m] = '88' | Was it electrocution? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 344 | [id10097_m]<br>Show the field ONLY if: [id10079_m] = '0' or [id10079_m] = '99' or [id10079_m] = '88' | Did she encounter any other injury? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 345 | [id10098_m]<br>Show the field ONLY if: [id10079_m] = '0' or [id10079_m] = '99' or [id10079_m] = '88' | Was the injury accidental? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 346 | [id10099_m]<br>Show the field ONLY if: [id10098_m] = '0' or [id10098_m] = '99' or [id10098_m] = '88' | Was the injury self-inflicted? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 347 | [id10100_m]<br>Show the field ONLY if: ([id10098_m] = '0' or [id10098_m] = '99' or [id10098_m] = '88') and [id10099_m] = '0' or [id10099_m] = '99' or [id10099_m] = '88' | Was the injury intentionally inflicted by someone else? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 348 | [id10120_m] | Section Header: *Duration of Illness*<br>For how long was she ill before death? (in days) | text (integer, Min: 0, Max: 300) |
| | 349 | [id10123_m] | Did she die suddenly?<br>*Suddenly means died unexpectedly within 24 hours of being in regular health.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 350 | [id10125_m] | Section Header: *Medical History Associated With Final Illness Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*<br>Was there any diagnosis by a health professional of tuberculosis? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 351 | [id10126_m] | Was an HIV test ever positive? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 352 | [id10127_m] | Was there any diagnosis by a health professional of AIDS? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 353 | [id10128_m] | Did she have a recent positive test by a health professional for malaria? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 354 | [id10129_m] | Did she have a recent negative test by a health professional for malaria? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 355 | [id10130_m] | Was there any diagnosis by a health professional of dengue fever? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 356 | [id10131_m] | Was there any diagnosis by a health professional of measles? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 357 | [id10132_m] | Was there any diagnosis by a health professional of high blood pressure? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 358 | [id10133_m] | Was there any diagnosis by a health professional of heart disease? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 359 | [id10134_m] | Was there any diagnosis by a health professional of diabetes? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 360 | [id10135_m] | Was there any diagnosis by a health professional of asthma? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 361 | [id10136_m] | Was there any diagnosis by a health professional of epilepsy? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 362 | [id10137_m] | Was there any diagnosis by a health professional of cancer? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 363 | [id10138_m] | Was there any diagnosis by a health professional of Chronic Obstructive Pulmonary Disease (COPD)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 364 | [id10139_m] | Was there any diagnosis by a health professional of dementia? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 365 | [id10140_m] | Was there any diagnosis by a health professional of depression? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 366 | [id10141_m] | Was there any diagnosis by a health professional of stroke? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 367 | [id10142_m] | Was there any diagnosis by a health professional of sickle cell disease? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 368 | [id10143_m] | Was there any diagnosis by a health professional of kidney disease? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 369 | [id10144_m] | Was there any diagnosis by a health professional of liver disease? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 370 | [id10482_m] | Was there any diagnosis by a health professional of COVID-19? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 371 | [id10483_m] | Did she have a recent test by a health professional for COVID-19? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 372 | [id10484_m]<br>Show the field ONLY if: [id10483_m]='1' | What was the result? | radio<br>1 Positive<br>2 Negative<br>3 Unclear<br>99 Don't know<br>88 Refused to answer |

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| | 373 | [id10147_m] | Section Header: *General Signs and Symptoms Associated with Final Illness*<br>Did she have a fever? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 374 | [id10148_m]<br>Show the field ONLY if: [id10147_m]='1' | How long did the fever last? (in days) | text (number) |
| | 375 | [id10149_m]<br>Show the field ONLY if: [id10147_m]='1' | Did the fever continue until death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 376 | [id10150_m]<br>Show the field ONLY if: [id10147_m]='1' | How severe was the fever? | radio<br>1 Mild<br>2 Moderate<br>3 Severe<br>99 Doesn't know<br>88 Refused to answer |
| | 377 | [id10151_m]<br>Show the field ONLY if: [id10147_m]='1' | What was the pattern of the fever? | radio<br>1 Continuous<br>2 On and off<br>3 Only at night<br>99 Doesn't know<br>88 Refused to answer |
| | 378 | [id10152_m] | Did she have night sweats? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 379 | [id10153_m] | Did she have a cough? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 380 | [id10154_m]<br>Show the field ONLY if: [id10153_m]='1' | For how long did she have a cough? | text (number) |
| | 381 | [id10155_m]<br>Show the field ONLY if: [id10153_m]='1' | Was the cough productive, with sputum? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 382 | [id10156_m]<br>Show the field ONLY if: [id10153_m]='1' | Was the cough very severe? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 383 | [id10157_m]<br>Show the field ONLY if: [id10153_m]='1' | Did she cough up blood? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 384 | [id10159_m] | Did she have any difficulty breathing? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 385 | [id10161_m]<br>Show the field ONLY if: [id10159_m]='1' | For how many days did the difficulty breathing last? | text (number) |
| | 386 | [id10165_m]<br>Show the field ONLY if: [id10159_m]='1' | Was the difficulty continuous or on and off? | radio<br>1 Continuous<br>2 On and off<br>99 Doesn't know<br>88 Refused to answer |
| | 387 | [id10166_m] | During the illness that led to death, did she have fast breathing? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 388 | [id10167_m]<br>Show the field ONLY if: [id10166_m]='1' | For how many days did the fast breathing last? | text (number) |
| | 389 | [id10168_m] | Did she have breathlessness? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 390 | [id10169_m]<br>Show the field ONLY if: [id10168_m]='1' | For how many days did she have breathlessness? | text (number) |
| | 391 | [id10170_m]<br>Show the field ONLY if: [id10168_m]='1' | Was she unable to carry out daily routines due to breathlessness? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 392 | [id10171_m]<br>Show the field ONLY if: [id10168_m]='1' | Was she breathless while lying flat? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 393 | [id10173_m] | During the illness that led to death did she have wheezing? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 394 | [id10174_m] | Did she have chest pain? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 395 | [id10175_m]<br>Show the field ONLY if: [id10174_m]='1' | Was the chest pain severe? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 396 | [id10179_m]<br>Show the field ONLY if: [id10174_m]='1' | How long did the chest pain last? | text (number) |
| | 397 | [id10181_m] | Did she have more frequent loose or liquid stools than usual?<br>*Ask the respondent about their understanding of what is diarrhea (having more frequent loose or liquid stools than usual); if unclear, explain to the respondent what diarrhea is.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 398 | [id10182_m]<br>Show the field ONLY if: [id10181_m]='1' | For how many days did she have frequent loose or liquid stools? | text (number) |
| | 399 | [id10186_m] | At any time during the final illness was there blood in the stools? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 400 | [id10187_m]<br>Show the field ONLY if: [id10186_m]='1' | Was there blood in the stool up until death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 401 | [id10188_m] | Did she vomit? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 402 | [id10189_m] | To clarify: Did she vomit in the week preceding the death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 403 | [id10190_m]<br>Show the field ONLY if: [id10188_m]='1' or [id10189_m]='1' | How long before death did she vomit? (in days) | text (number) |
| | 404 | [id10192_m]<br>Show the field ONLY if: [id10188_m]='1' or [id10189_m]='1' | Was the vomit black? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 405 | [id10193_m] | Did she have any belly (abdominal) problem?<br>*Explain to the respondent that problems could be pain, protruding abdomen or a mass.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 406 | [id10194_m] | Did she have belly (abdominal) pain? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 407 | [id10195_m]<br>Show the field ONLY if:<br>[id10194_m]='1' | Was the belly (abdominal) pain severe? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 408 | [id10197_m]<br>Show the field ONLY if:<br>[id10194_m]='1' | For how long did she have belly (abdominal) pain? (in days) | text (number) |
| | 409 | [id10199_m]<br>Show the field ONLY if:<br>[id10194_m]='1' | Was the pain in the upper or lower belly (abdomen)? | radio<br>1 Upper abdomen<br>2 Lower abdomen<br>3 Upper and lower abdomen<br>99 Doesn't know<br>88 Refused to answer |
| | 410 | [id10200_m] | Did she have a more than usually protruding belly (abdomen)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 411 | [id10201_m]<br>Show the field ONLY if:<br>[id10200_m]='1' | For how long before death did she have a more than usually protruding belly (abdomen)? (in days) | text (number) |
| | 412 | [id10203_m]<br>Show the field ONLY if:<br>[id10200_m]='1' | How rapidly did she develop the protruding belly (abdomen)? | radio<br>1 Rapidly<br>2 Slowly<br>99 Doesn't know<br>88 Refused to answer |
| | 413 | [id10204_m] | Did she have any mass in the belly (abdomen)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 414 | [id10205_m]<br>Show the field ONLY if:<br>[id10204_m]='1' | For how long did she have a mass in the belly (abdomen)? (in days) | text (number) |
| | 415 | [id10207_m] | Did she have a severe headache? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 416 | [id10208_m] | Did she have a stiff neck during illness that led to death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 417 | [id10209_m]<br>Show the field ONLY if: [id10208_m]='1' | How long before death did she have a stiff neck? (in days) | text (number) |
| | 418 | [id10210_m] | Did she have a painful neck during the illness that led to death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 419 | [id10211_m]<br>Show the field ONLY if: [id10210_m]='1' | For how many days before death did she have a painful neck? | text (number) |
| | 420 | [id10212_m] | Did she have mental confusion? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 421 | [id10213_m]<br>Show the field ONLY if: [id10212_m]='1' | How long did she have mental confusion? (in days) | text (number) |
| | 422 | [id10214_m] | Was she unconscious during the illness that led to death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 423 | [id10215_m]<br>Show the field ONLY if: [id10214_m]='1' | Was she unconscious for more than 24 hours before death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 424 | [id10217_m]<br>Show the field ONLY if: [id10214_m]='1' | Did the unconsciousness start suddenly, quickly (at least within a single day)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 425 | [id10218_m]<br>Show the field ONLY if: [id10214_m]='1' | Did the unconsciousness continue until death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 426 | [id10219_m] | Did she have convulsions? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 427 | [id10221_m]<br>Show the field ONLY if: [id10219_m]='1' | For how many minutes did the convulsions last?<br>*The answer could be given in another unit, but for data entry use minutes. Less than 1 minute=0; 1 hour=60 minutes. Enter "99" for "don't know." Enter "88" for "refuse."* | text |
| | 428 | [id10222_m]<br>Show the field ONLY if: [id10219_m]='1' | Did she become unconscious immediately after the convulsion? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 429 | [id10223_m] | Did she have any urine problems?<br>*Explain to the respondent that urine problems refer to urinating a lot or not at all, and blood in the urine.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 430 | [id10225_m]<br>Show the field ONLY if: [id10223_m]='1' | Did she go to urinate more often than usual? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 431 | [id10226_m]<br>Show the field ONLY if: [id10223_m]='1' | During the final illness did she ever pass blood in the urine? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 432 | [id10224_m]<br>Show the field ONLY if: [id10223_m]='1' | Did she stop urinating? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 433 | [id10227_m] | Did she have sores or ulcers anywhere on the body? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 434 | [id10228_m]<br>Show the field ONLY if: [id10227_m]='1' | Did she have sores? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 435 | [id10229_m]<br>Show the field ONLY if: [id10228_m]='1' | Did the sores have clear fluid or pus? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 436 | [id10230_m]<br>Show the field ONLY if: [id10227_m]='1' | Did she have an ulcer (pit) on the foot? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 437 | [id10231_m]<br>Show the field ONLY if: [id10230_m]='1' | Did the ulcer on the foot ooze pus? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 438 | [id10232_m]<br>Show the field ONLY if: [id10231_m]='1' | For how many days did the ulcer on the foot ooze pus? | text |
| | 439 | [id10233_m] | During the illness that led to death, did she have any skin rash? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 440 | [id10234_m]<br>Show the field ONLY if: [id10233_m]='1' | For how many days did she have the skin rash?<br>*The answer could be given in another unit, but for data entry use days. Less than 1 day or 24 hours = 0 days; 1 week=7 days; 1 month=30 days. Enter "99" for "don't know." Enter "88" for "refuse."* | text |
| | 441 | [id10235_m]<br>Show the field ONLY if: [id10233_m]='1' | Where was the rash? | checkbox<br>1 id10235_m___1 Face<br>2 id10235_m___2 Trunk or abdomen<br>3 id10235_m___3 Extremities<br>4 id10235_m___4 Everywhere |
| | 442 | [id10236_m]<br>Show the field ONLY if: [id10233_m]='1' | Did she have measles rash (use local term)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 443 | [id10237_m] | Did she ever have shingles or herpes zoster? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 444 | [id10238_m] | During the illness that led to death, did her skin flake off in patches? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 445 | [id10241_m] | During the illness that led to death, did she bleed from anywhere? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 446 | [id10242_m]<br>Show the field ONLY if: [id10241_m]='1' | Did she bleed from the nose, mouth or anus? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 447 | [id10243_m] | Did she have noticeable weight loss? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 448 | [id10244_m] | Was she severely thin or wasted? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 449 | [id10245_m] | During the illness that led to death, did she have a whitish rash inside the mouth or on the tongue? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 450 | [id10246_m] | Did she have stiffness of the whole body or was unable to open the mouth? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 451 | [id10247_m] | Did she have puffiness of the face? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 452 | [id10248_m]<br>Show the field ONLY if: [id10247_m]='1' | For how many days did she have puffiness of the face? | text |
| | 453 | [id10249_m] | During the illness that led to death, did she have swollen legs or feet? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 454 | [id10250_m]<br>Show the field ONLY if: [id10249_m]='1' | How many days did the swelling last? | text |
| | 455 | [id10251_m]<br>Show the field ONLY if: [id10249_m]='1' | Did she have both feet swollen? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 456 | [id10252_m] | Did she have general puffiness all over her body? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 457 | [id10253_m] | Did she have any lumps? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 458 | [id10254_m]<br>Show the field ONLY if: [id10253_m]='1' | Did she have any lumps or lesions in the mouth? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 459 | [id10255_m]<br>Show the field ONLY if: [id10253_m]='1' | Did she have any lumps on the neck? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 460 | [id10256_m]<br>Show the field ONLY if: [id10253_m]='1' | Did she have any lumps on the armpit? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 461 | [id10257_m]<br>Show the field ONLY if: [id10253_m]='1' | Did she have any lumps on the groin? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 462 | [id10258_m] | Was she in any way paralysed? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 463 | [id10259_m]<br>Show the field ONLY if: [id10258_m]='1' | Did she have paralysis of only one side of the body? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 464 | [id10260_m]<br>Show the field ONLY if: [id10258_m]='1' | Which were the limbs or body parts paralysed? | checkbox<br>1 id10260_m___1 Right side<br>2 id10260_m___2 Left side<br>3 id10260_m___3 Lower part of body<br>4 id10260_m___4 Upper part of body<br>5 id10260_m___5 One leg only<br>6 id10260_m___6 One arm only<br>7 id10260_m___7 Whole body<br>8 id10260_m___8 Other |
| | 465 | [id10260_check_m]<br>Show the field ONLY if: [id10259_m]='1' and (([id10260_m(1)]='1' and [id10260_m(2)]='1') or [id10260_m(7)]='1') | It is not possible to select "only one side paralysed" and "left and right side" or "whole body" together. Please go back and correct the selection. | descriptive |

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| | 466 | [id10261_m] | Did she have difficulty swallowing? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 467 | [id10262_m]<br>Show the field ONLY if: [id10261_m]='1' | For how many days before death did she have difficulty swallowing? | text |
| | 468 | [id10263_m]<br>Show the field ONLY if: [id10261_m]='1' | Was the difficulty with swallowing with solids, liquids, or both? | radio<br>1 Solids<br>2 Liquids<br>3 Both<br>99 Doesn't know<br>88 Refused to answer |
| | 469 | [id10264_m] | Did she have pain upon swallowing? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 470 | [id10265_m] | Did she have yellow discoloration of the eyes? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 471 | [id10266_m]<br>Show the field ONLY if: [id10265_m]='1' | For how many days did she have the yellow discoloration? | text |
| | 472 | [id10267_m] | Did her hair change in color to a reddish or yellowish color? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 473 | [id10268_m] | Did she look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?<br>*Long term deficiency of the blood results in a pale, whitish appearance of the lips, tongue, and eye sac. Sometimes it is referred to as thinning or lack of blood, or pallor.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 474 | [id10270_m] | Did she drink a lot more water than usual? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 475 | [id10486_m] | Did she suffer from extreme fatigue? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 476 | [id10485_m] | Did she experience a new loss, change or decreased sense of smell or taste? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 477 | [id10294_m] | Section Header: *Signs and Symptoms Associated with Pregnancy and Women*<br>Did she have any swelling or lump in the breast? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 478 | [id10295_m] | Did she have any ulcers (pits) in the breast? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 479 | [id10296_m] | Did she ever have a period or menstruate?<br>*Ask for period and menstruation, and also mention the content of the subquestions already (excessive quantity or little quantity of bleeding, or irregular vaginal bleeding). If anything is mentioned select yes.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 480 | [id10297_m]<br>Show the field ONLY if: [id10296_m]='1' | When she had her period, did she have vaginal bleeding in between menstrual periods?<br>*Important is the excessive quantity of blood.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 481 | [id10298_m]<br>Show the field ONLY if: [id10297_m]='1' | Was the bleeding excessive? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 482 | [id10301_m]<br>Show the field ONLY if: [id10296_m]='1' | Was there excessive vaginal bleeding in the week prior to death?<br>*Important is the excessive quantity of blood.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 483 | [id10299_m]<br>Show the field ONLY if: [id10296_m]='1' | Did her menstrual period stop naturally because of menopause or removal of uterus? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 484 | [id10302_m]<br>Show the field ONLY if: [id10299_m]='0' or [id10299_m]='99' or [id10299_m]='88' | At the time of death was her period overdue? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 485 | [id10303_m]<br>Show the field ONLY if: [id10302_m]='1' | For how many weeks had her period been overdue?<br>*The answer could be given in another unit, but for data entry use weeks. Less than 1 week=0. 7 days=1 week. Enter "99" for "don't know." Enter "88" for "refuse."* | text |

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| | 486 | [id10300_m]<br>Show the field ONLY if: [id10299_m]='1' | Did she have vaginal bleeding after cessation of menstruation? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 487 | [id10304_m]<br>Show the field ONLY if: [id10299_m]='0' or [id10299_m]='99' or [id10299_m]='88' | Did she have a sharp pain in her belly (abdomen) shortly before death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 488 | [id10305_m]<br>Show the field ONLY if: [id10299_m]='0' or [id10299_m]='99' or [id10299_m]='88' | Was she pregnant or in labour at the time of death?<br>*A "yes" response to this question means a foetus or baby remained in the mother's body after she died, even if she was already in labour.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 489 | [id10306_m]<br>Show the field ONLY if: [id10305_m]='0' or [id10305_m]='99' or [id10305_m]='88' | Did she die within 6 weeks of delivery, abortion or miscarriage?<br>*A "yes" response to this question means that a foetus or baby was lost or removed or delivered (vaginally or by C-section) within 6 weeks before she died, whether the baby survived or not.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 490 | [id10307_m]<br>Show the field ONLY if: ([id10306_m]='0' or [id10306_m]='99' or [id10306_m]='88') and ([id10305_m]='0' or [id10305_m]='99' or [id10305_m]='88') | Did this woman die more than 6 weeks after being pregnant or delivering a baby? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 491 | [id10309_m]<br>Show the field ONLY if: [id10305_m]='1' or [id10306_m]='1' or [id10307_m]='1' | For how many months was she pregnant?<br>*Important is the distinction beween early and late pregnancy (threshold is 6 months). For don't know, enter "99." For refused, enter "88."* | text |
| | 492 | [id10312_m]<br>Show the field ONLY if: [id10305_m]='1' | Section Header: *Questions About Possible Maternal Deaths*<br>Did she die during labour or delivery?<br>*Labor is the period of time by which contractions are less than 10 minutes apart.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 493 | [id10313_m]<br>Show the field ONLY if: ([id10312_m]='0' or [id10312_m]='99' or [id10312_m]='88') or [id10306_m]='1' or [id10307_m]='1' | Did she die after delivering a baby? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 494 | [id10314_m]<br>Show the field ONLY if: [id10313_m]='1' and ([id10306_m]='1' or [id10307_m]='1') | Did she die within 24 hours after delivery? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 495 | [id10315_m]<br>Show the field ONLY if: [id10314_m]='0' or [id10314_m]='99' or [id10314_m]='88' | Did she die within 6 weeks of childbirth? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 496 | [id10316_m]<br>Show the field ONLY if: ([id10312_m]='1' or [id10312_m]='99' or [id10312_m]='88') or [id10313_m]='1' | Did she give birth to a live baby (within 6 weeks of her death)?<br>*The important aspect is if the baby was alive.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 497 | [id10317_m]<br>Show the field ONLY if: [id10305_m]='0' or [id10305_m]='99' or [id10305_m]='88' or [id10312_m]='1' or [id10312_m]='99' or [id10312_m]='88' or ([id10305_m]='1' and [id10312_m]='1') | Did she die during or after a multiple pregnancy? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 498 | [id10318_m]<br>Show the field ONLY if: ([id10312_m]='0' or [id10312_m]='99' or [id10312_m]='88') and ([id10314_m]='0' or [id10314_m]='99' or [id10314_m]='88') and [id10316_m]='1' | Was she breastfeeding the child in the days before death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 499 | [id10319_m]<br>Show the field ONLY if: ([id10305_m]='0' or [id10305_m]='99' or [id10305_m]='88' or [id10312_m]='0' or [id10312_m]='99' or [id10312_m]='88') or ([id10305_m]='1' and [id10312_m]='1') | How many births, including stillbirths, did she/the mother have before this baby?<br>*For don't know, enter "99." For refused, enter "88."* | text |
| | 500 | [id10320_m]<br>Show the field ONLY if: [id10319_m]>0 | Had she had any previous Caesarean section? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 501 | [id10321_m]<br>Show the field ONLY if: [id10305_m]='0' or [id10305_m]='99' or [id10305_m]='88' or [id10312_m]='0' or [id10312_m]='99' or [id10312_m]='88' or ([id10305_m]='1' and [id10312_m]='1') | During pregnancy, did she suffer from high blood pressure? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 502 | [id10322_m]<br>Show the field ONLY if: [id10305_m]='0' or [id10305_m]='99' or [id10305_m]='88' or [id10312_m]='0' or [id10312_m]='99' or [id10312_m]='88' or ([id10305_m]='1' and [id10312_m]='1') | Did she have foul smelling vaginal discharge during pregnancy or after delivery? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 503 | [id10323_m]<br>Show the field ONLY if: [id10305_m]='0' or [id10305_m]='99' or [id10305_m]='88' or [id10312_m]='0' or [id10312_m]='99' or [id10312_m]='88' or ([id10305_m]='1' and [id10312_m]='1') | During the last 3 months of pregnancy, did she suffer from convulsions? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 504 | [id10324_m]<br>Show the field ONLY if: [id10305_m]='0' or [id10305_m]='99' or [id10305_m]='88' or [id10312_m]='0' or [id10312_m]='99' or [id10312_m]='88' or ([id10305_m]='1' and [id10312_m]='1') | During the last 3 months of pregnancy did she suffer from blurred vision? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 505 | [id10325_m]<br>Show the field ONLY if: [id10305_m]='0' or [id10305_m]='99' or [id10305_m]='88' or [id10312_m]='0' or [id10312_m]='99' or [id10312_m]='88' or ([id10305_m]='1' and [id10312_m]='1') | Did bleeding occur while she was pregnant? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 506 | [id10326_m]<br>Show the field ONLY if: [id10325_m]='1' | Was there vaginal bleeding during the first 6 months of pregnancy? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 507 | [id10327_m]<br>Show the field ONLY if: [id10325_m]='1' | Was there vaginal bleeding during the last 3 months of pregnancy but before labour started? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 508 | [id10328_m]<br>Show the field ONLY if: ([id10305_m]='1' and [id10312_m]='1') or [id10306_m]='1' or ([id10305_m]='0' and [id10306_m]='1') or ([id10305_m]='0' and [id10306_m]='0' and [id10307_m]='1') or ([id10316_m]='1' or [id10316_m]='0') | Did she have excessive bleeding during labour or delivery?<br>*Here the excessive quantity of blood DURING birth is what we ask for* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 509 | [id10329_m]<br>Show the field ONLY if: ([id10305_m]='0' or [id10305_m]='99' or [id10305_m]='88') and ([id10312_m]='1' or [id10312_m]='99' or [id10312_m]='88') | Did she have excessive bleeding after delivery or abortion?<br>*Here the excessive quantity of blood AFTER birth is what we ask for* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 510 | [id10330_m]<br>Show the field ONLY if: ([id10305_m]='1' and [id10312_m]='1') or [id10306_m]='1' or ([id10305_m]='0' and [id10306_m]='1') or ([id10305_m]='0' and [id10306_m]='0' and [id10307_m]='1') or ([id10316_m]='1' or [id10316_m]='0') | Was the placenta completely delivered? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 511 | [id10331_m]<br>Show the field ONLY if: ([id10305_m]='1' and [id10312_m]='1') or [id10306_m]='1' or ([id10305_m]='0' and [id10306_m]='1') or ([id10305_m]='0' and [id10306_m]='0' and [id10307_m]='1') or ([id10316_m]='1' or [id10316_m]='0') | Did she deliver or try to deliver an abnormally positioned baby?<br>*Enquire the respondent about theirs understanding of what is an abnormally positioned baby; if unclear or wrong, explain that it refers to babys' whose first body part exiting the vagina is not the head.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 512 | [id10332_m]<br><br>Show the field ONLY if: ([id10305_m]='1' and [id10312_m]='1') or [id10306_m]='1' or ([id10305_m]='0' and [id10306_m]='1') or ([id10305_m]='0' and [id10306_m]='0' and [id10307_m]='1') or ([id10316_m]='1' or [id10316_m]='0') | For how many hours was she in labour?<br>*The answer could be given in another unit, but for data entry use hours. Less than 60 minutes = 0 hours. 1 day=24 hours. Enter "99" for "don't know." Enter "88" for "refuse."* | text |
| | 513 | [id10333_m] | Did she attempt to terminate the pregnancy? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 514 | [id10334_m]<br><br>Show the field ONLY if: [id10316_m]='0' or [id10316_m]='99' or [id10316_m]='88' | Did she recently have a pregnancy that ended in an abortion (spontaneous or induced)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 515 | [id10335_m]<br><br>Show the field ONLY if: [id10334_m]='1' | Did she die during an abortion? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 516 | [id10336_m]<br><br>Show the field ONLY if: [id10334_m]='1' and ([id10335_m]='0' or [id10335_m]='99' or [id10335_m]='88') and ([id10305_m]='0' or [id10305_m]='99' or [id10305_m]='88') and [id10312_m]='1' | Did she die within 6 weeks of having an abortion? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 517 | [id10337_m]<br><br>Show the field ONLY if: (([id10312_m]='1' or [id10312_m]='99' or [id10312_m]='88') and [id10305_m]='1') or [id10316_m]='1' or ([id10316_m]='0' and ([id10333_m]='1' or [id10334_m]='1' or [id10336_m]='1')) or ([id10316_m]='0' and [id10333_m]='0' and [id10334_m]='0') or ([id10305_m]='0' and [id10306_m]='0' and [id10307_m]='1') | Where did she give birth / complete the miscarriage / perform the abortion? | radio<br>1 Hospital<br>2 Other health facility<br>3 Home<br>4 On route to hospital or facility<br>5 Other<br>99 Doesn't know<br>88 Refused to answer |
| | 518 | [id10338_m]<br><br>Show the field ONLY if: (([id10312_m]='1' or [id10312_m]='99' or [id10312_m]='88') and [id10305_m]='1') or [id10316_m]='1' or ([id10316_m]='0' and ([id10333_m]='1' or [id10334_m]='1' or [id10336_m]='1')) or ([id10316_m]='0' and [id10333_m]='0' and [id10334_m]='0') or ([id10305_m]='0' and [id10306_m]='0' and [id10307_m]='1') | Did she receive professional assistance during the delivery?<br>*Explain to the respondent what is meant by professional assistance: delivery attended by a medical professional (doctor, nurse or midwife).* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 519 | [id10339_m]<br>Show the field ONLY if: (([id10312_m]='1' or [id10312_m]='99' or [id10312_m]='88') and [id10305_m]='1') or [id10316_m]='1' or ([id10316_m]='0' and ([id10333_m]='1' or [id10334_m]='1' or [id10336_m]='1')) or ([id10316_m]='0' and [id10333_m]='0' and [id10334_m]='0') or ([id10305_m]='0' and [id10306_m]='0' and [id10307_m]='1') | Who delivered the baby / completed the miscarriage? | radio<br>1 Doctor<br>2 Midwife<br>3 Nurse<br>4 Relative<br>5 Self (the mother)<br>6 Traditional birth attendant<br>7 Other<br>99 Doesn't know<br>88 Refused to answer |
| | 520 | [id10342_m]<br>Show the field ONLY if: [id10313_m]='1' or [id10314_m]='1' | Section Header: *How did the mother deliver her baby?*<br>Was the delivery normal vaginal, without forceps or vacuum? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 521 | [id10343_m]<br>Show the field ONLY if: [id10342_m]='0' or [id10342_m]='99' or [id10342_m]='88' | Was the delivery vaginal, with forceps or vacuum? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 522 | [id10344_m]<br>Show the field ONLY if: ([id10342_m]='0' or [id10342_m]='99' or [id10342_m]='88') and ( [id10343_m]='0' or [id10343_m]='99' or [id10343_m]='88') | Was the delivery a Caesarean section? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 523 | [id10347_m]<br>Show the field ONLY if: [id10313_m]='1' or [id10314_m]='1' | Was the baby born more than one month early? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 524 | [id10340_m]<br>Show the field ONLY if: [id10334_m]='1' or [id10315_m]='1' or [id10313_m]='1' or ([id10305_m]='1' and ([id10312_m]='1' or [id10312_m]='0')) or ([id10305_m]='0' and [id10306_m]='0' and [id10307_m]='1') | Did she have an operation to remove her uterus shortly before death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 525 | [id10411_m] | Section Header: *Risk Factors*<br>Did she drink alcohol? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 526 | [id10412_m] | Did she use tobacco? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 527 | [id10413_m] | Did she smoke tobacco (cigarette, cigar, pipe, etc.)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 528 | [id10414_m]<br>Show the field ONLY if: [id10413_m]='1' or ([id10412_m]='1' and [id10413_m]='0') | What kind of tobacco did she use? | checkbox<br>1 id10414_m___1 Cigarettes<br>2 id10414_m___2 Pipe<br>3 id10414_m___3 Chewing tobacco<br>4 id10414_m___4 Local form of tobacco<br>5 id10414_m___5 Other<br>99 id10414_m___99 Doesn't know<br>88 id10414_m___88 Refused to answer |
| | 529 | [id10414_check_m]<br>Show the field ONLY if: [id10413_m]='0' and ([id10414_m(1)]='1' or [id10414_m(2)]='1') | It is not possible to select cigarettes or pipe and "no" to "Did she smoke tobacco?". Please go back and correct the selections. | descriptive |
| | 530 | [id10415_m]<br>Show the field ONLY if: [id10414_m(1)] = '1' | How many cigarettes did she smoke daily? | text |
| | 531 | [id10416_m]<br>Show the field ONLY if: [id10414_m(2)] = '1' or [id10414_m(3)] = '1' or [id10414_m(4)] = '1' or [id10414_m(5)] = '1' | How many times did she use tobacco products each day? | text |
| | 532 | [id10418_m] | Section Header: *Health Service Utilisation*<br>Did she receive any treatment for the illness that led to death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 533 | [id10419_m]<br>Show the field ONLY if: [id10418_m]='1' | Did she receive oral rehydration salts? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 534 | [id10420_m]<br>Show the field ONLY if: [id10418_m]='1' | Did she receive (or need) intravenous fluids (drip) treatment? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 535 | [id10421_m]<br>Show the field ONLY if: [id10418_m]='1' | Did she receive (or need) a blood transfusion? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 536 | [id10422_m]<br>Show the field ONLY if: [id10418_m]='1' | Did she receive (or need) treatment/food through a tube passed through the nose? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 537 | [id10423_m]<br>Show the field ONLY if: [id10418_m]='1' | Did she receive (or need) injectable antibiotics? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 538 | [id10424_m]<br>Show the field ONLY if: [id10418_m]='1' | Did she receive (or need) antiretroviral therapy (ART)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 539 | [id10425_m]<br>Show the field ONLY if: [id10418_m]='1' | Did she have (or need) an operation for the illness? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 540 | [id10426_m]<br>Show the field ONLY if: [id10418_m]='1' and [id10425_m]='1' | Did she have the operation within 1 month before death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 541 | [id10427_m]<br>Show the field ONLY if: [id10418_m]='1' | Was she discharged from hospital very ill? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 542 | [id10432_m] | Was care sought outside the home while she had this illness (that led to death)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 543 | [id10433_m]<br>Show the field ONLY if: [id10432_m]='1' | Where or from whom did they seek care? | checkbox<br>1 id10433_m___1 Traditional healer<br>2 id10433_m___2 Homeopath<br>3 id10433_m___3 Religious leader<br>4 id10433_m___4 Government hospital<br>5 id10433_m___5 Government health center or clinic<br>6 id10433_m___6 Private hospital<br>7 id10433_m___7 Community-based practitioner associated with health system<br>8 id10433_m___8 Trained birth attendant<br>9 id10433_m___9 Private physician<br>10 id10433_m___10 Relative, friend (outside household)<br>11 id10433_m___11 Pharmacy<br>99 id10433_m___99 Doesn't know<br>88 id10433_m___88 Refused to answer |

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| | 544 | [id10433_check_m]<br>Show the field ONLY if: ([id10433_m(1)]='1' or [id10433_m(2)]='1' or [id10433_m(3)]='1' or [id10433_m(4)]='1' or [id10433_m(5)]='1' or [id10433_m(6)]='1' or [id10433_m(7)]='1' or [id10433_m(8)]='1' or [id10433_m(9)]='1' or [id10433_m(10)]='1' or [id10433_m(11)]='1') and ([id10433_m(99)]='1' or [id10433_m(88)]='1') | It is not possible to select "Don't know" or "Refuse" together with other options. Please go back and correct the selection. | descriptive |
| | 545 | [id10435_m] | Did a health care worker tell you the cause of death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 546 | [id10436_m]<br>Show the field ONLY if: [id10435_m]='1' | What did the health care worker say? | text |
| | 547 | [id10437_m]<br>Show the field ONLY if: [id10432_m]='1' | Do you have any health records that belonged to the deceased? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer<br>Field Annotation: @HIDDEN |
| | 548 | [id10438_m]<br>Show the field ONLY if: [id10437_m]='1' | Can I see the health records? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer<br>Field Annotation: @HIDDEN |
| | 549 | [id10439_check_m]<br>Show the field ONLY if: [id10438_m]='1' | [Is the date of the most recent (last) visit available?] | radio<br>1 Yes<br>0 No<br>Field Annotation: @HIDDEN |
| | 550 | [id10439_m]<br>Show the field ONLY if: [id10439_check_m]='1' | [Record the date of the most recent (last) visit] | text (date_dmy)<br>Field Annotation: @HIDDEN |
| | 551 | [id10440_check_m]<br>Show the field ONLY if: [id10438_m]='1' | [Is the date of the second most recent visit available?] | radio<br>1 Yes<br>0 No<br>Field Annotation: @HIDDEN |
| | 552 | [id10440_m]<br>Show the field ONLY if: [id10440_check_m]='1' | [Record the date of the second most recent visit] | text (date_dmy)<br>Field Annotation: @HIDDEN |
| | 553 | [id10441_check_m]<br>Show the field ONLY if: [id10438_m]='1' | [Is the date of the last note on the health records available?] | radio<br>1 Yes<br>0 No<br>Field Annotation: @HIDDEN |

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| | 554 | [id10441_m]<br>Show the field ONLY if: [id10441_check_m]='1' | [Record the date of the last note on the health records] | text (date_dmy)<br>Field Annotation: @HIDDEN |
| | 555 | [id10442_m]<br>Show the field ONLY if: [id10438_m]='1' | [Record the weight (in kilograms) written at the most recent (last) visit]<br>*(enter e.g. 3.5)* | text<br>Field Annotation: @HIDDEN |
| | 556 | [id10443_m]<br>Show the field ONLY if: [id10438_m]='1' | [Record the weight (in kilograms) written at the second most recent visit] | text<br>Field Annotation: @HIDDEN |
| | 557 | [id10444_m]<br>Show the field ONLY if: [id10438_m]='1' | [Transcribe the last note on the health records] | notes<br>Field Annotation: @HIDDEN |
| | 558 | [id10450_m] | Section Header: *Background and Context*<br>In the final days before death, did she travel to a hospital or health facility? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 559 | [id10451_m]<br>Show the field ONLY if: [id10450_m]='1' | Did she use motorised transport to get to the hospital or health facility? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 560 | [id10452_m]<br>Show the field ONLY if: [id10450_m]='1' | Were there any problems during admission to the hospital or health facility? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 561 | [id10453_m]<br>Show the field ONLY if: [id10450_m]='1' | Were there any problems with the way she was treated (medical treatment, procedures, interpersonal attitudes, respect, dignity) in the hospital or health facility? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 562 | [id10454_m]<br>Show the field ONLY if: [id10450_m]='1' | Were there any problems getting medications or diagnostic tests in the hospital or health facility? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 563 | [id10455_m]<br>Show the field ONLY if: [id10450_m]='1' | Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 564 | [id10456_m] | In the final days before death, were there any doubts about whether medical care was needed? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 565 | [id10457_m] | In the final days before death, was traditional medicine used? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 566 | [id10458_m] | In the final days before death, did anyone use a telephone or cell phone to call for help? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 567 | [id10459_m] | Over the course of illness, did the total costs of care and treatment prohibit other household payments? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 568 | [id10476_m] | Section Header: *Open Narrative*<br>Thank you for your information. Now can you please tell me in your own words about the events that led to the death? | notes |
| | 569 | [id10477_m] | [Select any of the following words that were mentioned as present in the narrative.] | checkbox<br>1 id10477_m___1 Chronic kidney disease<br>2 id10477_m___2 Dialysis<br>3 id10477_m___3 Fever<br>4 id10477_m___4 Heart attack<br>5 id10477_m___5 Heart problem<br>6 id10477_m___6 Jaundice<br>7 id10477_m___7 Liver failure<br>8 id10477_m___8 Malaria<br>9 id10477_m___9 Pneumonia<br>10 id10477_m___10 Renal (kidney) failure<br>11 id10477_m___11 Suicide<br>12 id10477_m___12 None of the above words were mentioned<br>99 id10477_m___99 Don't know |
| | 570 | [id10477_check_m]<br>Show the field ONLY if: ([id10477_m(12)]='1' or [id10477_m(99)]='1') and ([id10477_m(1)]='1' or [id10477_m(2)]='1' or [id10477_m(3)]='1' or [id10477_m(4)]='1' or [id10477_m(5)]='1' or [id10477_m(6)]='1' or [id10477_m(7)]='1' or [id10477_m(8)]='1' or [id10477_m(9)]='1' or [id10477_m(10)]='1' or [id10477_m(11)]='1') | It is not possible to select "Don't know" or "None of the above" together with other options. Please go back and correct the selection. | descriptive |
| | 571 | [verbal_autopsy_mother_complete] | Section Header: *Form Status*<br>Complete? | dropdown<br>0 Incomplete<br>1 Unverified<br>2 Complete |
| Instrument: **Verbal Autopsy - Newborn** (verbal_autopsy_newborn) | | | | |
| | 572 | [confirm_studyid_va_n] | Confirm Study ID | text |
| | 573 | [date_va_n] | Date of verbal autopsy: | text (date_dmy) |

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| | 574 | [id10007] | Section Header: *Information on the respondent and background about interview*<br>What is the sex of VA respondent? | radio<br>1 Female<br>2 Male<br>3 Ambiguous/Intersex |
| | 575 | [id10008] | What is your/the respondent's relationship to the deceased? | dropdown<br>1 Parent<br>2 Child<br>3 Other family member<br>4 Friend<br>5 Spouse<br>6 Health worker<br>7 Public official<br>8 Another relationship<br>88 Refused to answer |
| | 576 | [id10009] | Did you/the respondent live with the deceased in the period leading to her/his death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 577 | [id10013] | Did the respondent give consent? | radio<br>1 Yes<br>0 No |
| | 578 | [ageindays_warning]<br>Show the field ONLY if: ([dispbb_neo][current-instance] = '3' or [admitdisposition_neo][current-instance] = '1' or [babealive_swf][current-instance] = '0') and [babedeathdate_swf][current-instance] = '' | Age at death could not be calculated - missing date of death. Please enter date of death on Six-Week Followup form. | descriptive |
| | 579 | [ageindays] | Baby's age at death (in days): | calc<br>Calculation: if([dispbb_neo][current-instance] = '3' or [admitdisposition_neo][current-instance] = '1' or [babealive_swf][current-instance] = '0', rounddown(datediff([deldate_del], [babedeathdate_swf][current-instance], 'd')), '') |
| | 580 | [displayagechild]<br>Show the field ONLY if: [ageindays]>=28 | You will now be filling in the questionnaire for a baby >28 days old. | descriptive |
| | 581 | [displayageneonate]<br>Show the field ONLY if: [ageindays]<28 | You will now be filling in the questionnaire for a neonate (< 28 days old). | descriptive |
| | 582 | [id10487] | In the two weeks before death, did the baby live with or visit someone who had any COVID-19 symptoms or a positive COVID-19 test? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 583 | [id10488] | In the two weeks before death, did the baby travel to an area where COVID-19 is known to be present?<br>*Based on self-report of the respondent. If there is doubt, note the location in the narrative and check with the respective supervisor.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 584 | [babeadmit_va]<br>Show the field ONLY if: [dispbb_neo][current-instance] != '3' and [admitdisposition_neo][current-instance] != '1' | Section Header: *Health seeking/readmissions*<br>Was the newborn admitted for one or more nights at a facility for any reason after being home post-delivery? | yesno<br>1 Yes<br>0 No |
| | 585 | [numbabeadmit_va]<br>Show the field ONLY if: [babeadmit_va] = '1' | How many times was the baby admitted in the first 6 weeks after birth | dropdown<br>1 1<br>2 2<br>3 3<br>4 >3 |
| | 586 | [babeadmitage_va]<br>Show the field ONLY if: [babeadmit_va] = '1' | How many days old was the baby during the first admission? | text (integer, Min: 1, Max: 42) |
| | 587 | [babenightsadm_va]<br>Show the field ONLY if: [babeadmit_va] = '1' | For how many nights were they admitted? | text (integer, Min: 1) |
| | 588 | [babeadmitpathway_va]<br>Show the field ONLY if: [babeadmit_va] = '1' | What was the care-seeking pathway to this admission? | checkbox<br>1 babeadmitpathway_va___1 Routine well-baby visit identified problem<br>2 babeadmitpathway_va___2 Self referral due to parental concern<br>3 babeadmitpathway_va___3 Both self-referral and well-baby visit resulted in care seeking<br>98 babeadmitpathway_va___98 Other |
| | 589 | [babeadmitpathwayother_va]<br>Show the field ONLY if: [babeadmitpathway_va(98)] = '1' | Other pathway: | text |

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| | 590 | [babeadmitsymp_va]<br>Show the field ONLY if: [babeadmit_va] = '1' | What were the symptoms the child experienced during this illness (check all that apply)? | checkbox |

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| 1 | babeadmitsymp_va___1 | Skin pustules |
| 2 | babeadmitsymp_va___2 | Respiratory distress |
| 3 | babeadmitsymp_va___3 | Watery stool |
| 4 | babeadmitsymp_va___4 | Fever/hotness of body |
| 5 | babeadmitsymp_va___5 | Bilious vomit |
| 6 | babeadmitsymp_va___6 | projectile vomit |
| 7 | babeadmitsymp_va___7 | Not waking up to feed or abnormally sleepy |
| 8 | babeadmitsymp_va___8 | Swelling of both feet |
| 9 | babeadmitsymp_va___9 | Changes in urine color |
| 10 | babeadmitsymp_va___10 | Making less urine than usual |
| 11 | babeadmitsymp_va___11 | Blood in stool |
| 12 | babeadmitsymp_va___12 | Seizure/convulsions |
| 13 | babeadmitsymp_va___13 | Coma |
| 14 | babeadmitsymp_va___14 | Yellow soles |
| 15 | babeadmitsymp_va___15 | Difficulty wtih breastfeeding |
| 16 | babeadmitsymp_va___16 | Cough |
| 17 | babeadmitsymp_va___17 | Umbilical cord problem (pain, discharge, etc.) |
| 18 | babeadmitsymp_va___18 | Not gaining weight |
| 98 | babeadmitsymp_va___98 | Other |
| 99 | babeadmitsymp_va___99 | None |

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| | 591 | [babeadmitsympother_va]<br>Show the field ONLY if: [babeadmitsymp_va(98)] = '1' | Other symptom: | text |
| | 592 | [transfusion_va]<br>Show the field ONLY if: [babeadmit_va] = '1' | Was baby transfused during any admission post-discharge | yesno |

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| 1 | Yes |
| 0 | No |

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| | 593 | [babeadmitcond_va]<br>Show the field ONLY if: [babeadmit_va] = '1' | Were you told the child had any of the following conditions? | checkbox |

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| 1 | babeadmitcond_va___1 | Sepsis |
| 2 | babeadmitcond_va___2 | Respiratory illness |
| 3 | babeadmitcond_va___3 | Oncologic disease (cancer) |
| 4 | babeadmitcond_va___4 | Congenital abnormality |
| 5 | babeadmitcond_va___5 | Endocrine/ metabolic disease |
| 6 | babeadmitcond_va___6 | Failure to thrive |
| 7 | babeadmitcond_va___7 | Trauma/ injury |
| 8 | babeadmitcond_va___8 | HIV |
| 9 | babeadmitcond_va___9 | Sickle Cell |
| 10 | babeadmitcond_va___10 | Anemia |
| 11 | babeadmitcond_va___11 | Dehydration |
| 98 | babeadmitcond_va___98 | Other |
| 99 | babeadmitcond_va___99 | None |

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| | 594 | [babeadmitcondother_va]<br>Show the field ONLY if: [babeadmitcond_va(98)] = '1' | Other condition: | text |
| | 595 | [matsymp_va]<br>Show the field ONLY if: [babeadmit_va]=1 | Was the mother experiencing any signifcant illness at the time when baby was admitted? | yesno<br>1 Yes<br>0 No |
| | 596 | [babefeed_va] | Was the baby being exclusively breastfed at the time they died? | yesno<br>1 Yes<br>0 No |
| | 597 | [babeseek_va]<br>Show the field ONLY if: [dispbb_neo][current-instance] != '3' and [admitdisposition_neo][current-instance] != '1' | Did you seek care for the newborn at a facility at any time after being home post-delivery that DID NOT result in an admission? | yesno<br>1 Yes<br>0 No |
| | 598 | [babeseekage_va]<br>Show the field ONLY if: [babeseek_va] = '1' | How many days old was the baby during the first such visit? | text (integer, Min: 1, Max: 42) |
| | 599 | [babeseekpathway_va]<br>Show the field ONLY if: [babeseek_va] = '1' | What was the care-seeking pathway for this visit? | checkbox<br>1 babeseekpathway_va___1 Routine well-baby visit identified problem<br>2 babeseekpathway_va___2 Self referral due to parental concern<br>3 babeseekpathway_va___3 Both self-referral and well-baby visit resulted in care seeking<br>98 babeseekpathway_va___98 Other |
| | 600 | [babeseekpathwayother_va]<br>Show the field ONLY if: [babeseekpathway_va(98)] = '1' | Other pathway: | text |
| | 601 | [id10077] | Section Header: *History of injuries/accidents*<br>Did the baby suffer from any injury or accident that led to their death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 602 | [id10079]<br>Show the field ONLY if: [id10077]='1' | Section Header: *Injuries and accidents detail*<br>Was it a road traffic accident? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 603 | [id10081]<br>Show the field ONLY if: [id10079] = '1' | What was the counterpart that was hit during the road traffic accident? | radio<br>1 Pedestrian<br>2 Stationary object<br>3 Car or light vehicle<br>4 Bus or heavy vehicle<br>5 Motorcycle<br>6 Pedal cycle<br>7 Other<br>99 Doesn't know<br>88 Refused to answer |

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| | 604 | [id10082]<br>Show the field ONLY if: [id10079] = '0' or [id10079] = '99' or [id10079] = '88' | Was the baby injured in a non-road transport accident? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 605 | [id10083]<br>Show the field ONLY if: [id10079] = '0' or [id10079] = '99' or [id10079] = '88' | Was the baby injured in a fall?<br>*This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 606 | [id10084]<br>Show the field ONLY if: [id10079] = '0' or [id10079] = '99' or [id10079] = '88' | Was there any poisoning?<br>*This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 607 | [id10085]<br>Show the field ONLY if: [id10079] = '0' or [id10079] = '99' or [id10079] = '88' | Did the baby die of drowning?<br>*This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 608 | [id10086]<br>Show the field ONLY if: [id10079] = '0' or [id10079] = '99' or [id10079] = '88' | Was the baby injured by a bite or sting by venomous animal?<br>*This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 609 | [id10087]<br>Show the field ONLY if: [id10086] = '0' or [id10086] = '99' or [id10086] = '88' | Was the baby injured by an animal or insect (non-venomous)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 610 | [id10088]<br>Show the field ONLY if: [id10086] = '1' or [id10087] = '1' | What was the animal/insect? | radio<br>1 Dog<br>2 Snake<br>3 Insect or scorpion<br>4 Other<br>99 Doesn't know<br>88 Refused to answer |
| | 611 | [id10089]<br>Show the field ONLY if: [id10079] = '0' or [id10079] = '99' or [id10079] = '88' | Was the baby injured by burns/fire? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 612 | [id10090]<br>Show the field ONLY if: [id10079] = '0' or [id10079] = '99' or [id10079] = '88' | Was the baby subject to violence (homicide, abuse)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 613 | [id10092]<br>Show the field ONLY if: [id10079] = '0' or [id10079] = '99' or [id10079] = '88' | Was the baby stabbed, cut or pierced? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 614 | [id10093]<br>Show the field ONLY if: [id10079] = '0' or [id10079] = '99' or [id10079] = '88' | Was the baby strangled? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 615 | [id10094]<br>Show the field ONLY if: [id10079] = '0' or [id10079] = '99' or [id10079] = '88' | Was the baby injured by a blunt force? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 616 | [id10095]<br>Show the field ONLY if: [id10079] = '0' or [id10079] = '99' or [id10079] = '88' | Was the baby injured by a force of nature? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 617 | [id10096]<br>Show the field ONLY if: [id10079] = '0' or [id10079] = '99' or [id10079] = '88' | Was it electrocution? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 618 | [id10097]<br>Show the field ONLY if: [id10079] = '0' or [id10079] = '99' or [id10079] = '88' | Did the baby encounter any other injury? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 619 | [id10098]<br>Show the field ONLY if: [id10079] = '0' or [id10079] = '99' or [id10079] = '88' | Was the injury accidental? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 620 | [id10100]<br>Show the field ONLY if: [id10098] = '0' or [id10098] = '99' or [id10098] = '88' | Was the injury intentionally inflicted by someone else? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 621 | [id10408] | Section Header: *Health History*<br>Before the illness that led to death, was the baby growing normally? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 622 | [id10101]<br>Show the field ONLY if: [ageindays]<28 | How many days old was the baby when the fatal illness started? | text |

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| | 623 | [id10352]<br>Show the field ONLY if: [ageindays]>=28 | How old was the child when the fatal illness started? (in days or weeks) | text |
| | 624 | [id10120] | Section Header: *Duration of Illness*<br>For how long was the baby ill before death? (in days) | text (integer, Min: 0, Max: 300) |
| | 625 | [id10123] | Did the baby die suddenly?<br>*Suddenly means died unexpectedly within 24 hours of being in regular health.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 626 | [id10125]<br>Show the field ONLY if: [ageindays]>=28 | Section Header: *Medical History Associated With Final Illness Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.*<br>Was there any diagnosis by a health professional of tuberculosis? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 627 | [id10128]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby have a recent positive test by a health professional for malaria? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 628 | [id10129]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby have a recent negative test by a health professional for malaria? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 629 | [id10131]<br>Show the field ONLY if: [ageindays]>=28 | Was there any diagnosis by a health professional of measles? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 630 | [id10133]<br>Show the field ONLY if: [ageindays]>=28 | Was there any diagnosis by a health professional of heart disease? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 631 | [id10134]<br>Show the field ONLY if: [ageindays]>=28 | Was there any diagnosis by a health professional of diabetes? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 632 | [id10135]<br>Show the field ONLY if: [ageindays]>=28 | Was there any diagnosis by a health professional of asthma? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 633 | [id10136]<br>Show the field ONLY if: [ageindays]>=28 | Was there any diagnosis by a health professional of epilepsy? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 634 | [id10137]<br>Show the field ONLY if: [ageindays]>=28 | Was there any diagnosis by a health professional of cancer? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 635 | [id10142]<br>Show the field ONLY if: [ageindays]>=28 | Was there any diagnosis by a health professional of sickle cell disease? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 636 | [id10143]<br>Show the field ONLY if: [ageindays]>=28 | Was there any diagnosis by a health professional of kidney disease? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 637 | [id10144]<br>Show the field ONLY if: [ageindays]>=28 | Was there any diagnosis by a health professional of liver disease? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 638 | [id10147] | Section Header: *General Signs and Symptoms Associated with Final Illness*<br>Did the baby have a fever? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 639 | [id10147_measure]<br>Show the field ONLY if: [id10147]='1' | Was the baby's temperature measured using a device?<br>*i.e. thermometer* | yesno<br>1 Yes<br>0 No |
| | 640 | [id10147_temp]<br>Show the field ONLY if: [id10147_measure]='1' | What was the baby's temperature? (in Celsius) | yesno<br>1 Yes<br>0 No |
| | 641 | [id10148]<br>Show the field ONLY if: [id10147]='1' | How long did the fever last? (in days) | text (number) |
| | 642 | [id10149]<br>Show the field ONLY if: [id10147]='1' | Did the fever continue until death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 643 | [id10150]<br>Show the field ONLY if: [id10147]='1' and [ageindays] >=28 | How severe was the fever? | radio<br>1 Mild<br>2 Moderate<br>3 Severe<br>99 Doesn't know<br>88 Refused to answer |

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| | 644 | [id10151]<br>Show the field ONLY if: [id10147]='1' and [ageindays] >=28 | What was the pattern of the fever? | radio<br>1 Continuous<br>2 On and off<br>3 Only at night<br>99 Doesn't know<br>88 Refused to answer |
| | 645 | [id10152]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby have night sweats? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 646 | [id10153] | Did the baby have a cough? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 647 | [id10154]<br>Show the field ONLY if: [id10153]='1' and [ageindays] >=28 | For how long did the baby have a cough? (in days) | text (number) |
| | 648 | [id10155]<br>Show the field ONLY if: [id10153]='1' and [ageindays] >=28 | Was the cough productive, with sputum? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 649 | [id10156]<br>Show the field ONLY if: [id10153]='1' and [ageindays] >=28 | Was the cough very severe? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 650 | [id10157]<br>Show the field ONLY if: [id10153]='1' and [ageindays] >=28 | Did the baby cough up blood? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 651 | [id10158]<br>Show the field ONLY if: [id10153]='1' and [ageindays] >=28 | Did the baby make a whooping sound when coughing? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 652 | [id10159] | Did the baby have any difficulty breathing? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 653 | [id10161]<br>Show the field ONLY if: [id10159]='1' | For how many days did the difficulty breathing last? | text (number) |

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| | 654 | [id10165]<br>Show the field ONLY if: [id10159]='1' and [ageindays] >=28 | Was the difficulty continuous or on and off? | radio<br>1 Continuous<br>2 On and off<br>99 Doesn't know<br>88 Refused to answer |
| | 655 | [id10166] | During the illness that led to death, did the baby have fast breathing? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 656 | [id10167]<br>Show the field ONLY if: [id10166]='1' | For how many days did the fast breathing last? (in days) | text (number) |
| | 657 | [id10168] | Did the baby have breathlessness? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 658 | [id10169]<br>Show the field ONLY if: [id10168]='1' | For how many days did the baby have breathlessness? | text (number) |
| | 659 | [id10172] | Did you see the lower chest wall/ribs being pulled in as the child breathed in? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 660 | [id10173] | During the illness that led to death did their breathing sound like any of the following: | checkbox<br>1 id10173___1 Stridor<br>2 id10173___2 Grunting<br>3 id10173___3 Wheezing<br>4 id10173___4 No<br>99 id10173___99 Doesn't know<br>88 id10173___88 Refused to answer |
| | 661 | [id10181] | Did the baby have more frequent loose or liquid stools than usual?<br>*In other words, was the stool was "watery" or "water-like"?* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 662 | [id10182]<br>Show the field ONLY if: [id10181]='1' and [ageindays] >=28 | How long did the baby have frequent loose or liquid stools? (in days) | text (number) |
| | 663 | [id10183]<br>Show the field ONLY if: [id10181]='1' and [ageinday s]<28 | How many stools did the baby have on the day that loose liquid stools were most frequent? | text (number) |
| | 664 | [id10184]<br>Show the field ONLY if: [id10181]='1' and [ageinday s]<28 | How many days before death did the frequent loose or liquid stools start? | text (number) |

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| | 665 | [id10185]<br>Show the field ONLY if: [id10181]='1' and [ageindays] >=28 | Did the frequent loose or liquid stools continue until death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 666 | [id10186] | At any time during the final illness was there blood in the stools? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 667 | [id10187]<br>Show the field ONLY if: [id10186]='1' and [ageindays] >=28 | Was there blood in the stool up until death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 668 | [id10188] | Did the baby vomit? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 669 | [id10194] | To clarify: Did the baby vomit in the week preceding the death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 670 | [id10190]<br>Show the field ONLY if: [id10188]='1' or [id10188]='2' or [id10188]='3' | How long before death did the baby vomit? (days) | text (number) |
| | 671 | [id10188_projectile]<br>Show the field ONLY if: [id10188]='1' | Did the baby projectile vomit?<br>*Explain to the respondent that projectile vomiting is when spit-up or vomit forcefully flies out of a baby's mouth. This is different from simple regurgitation.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 672 | [id10191]<br>Show the field ONLY if: [id10188]='1' | Was there blood in the vomit? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 673 | [id10188_billious]<br>Show the field ONLY if: [id10188]='1' | Was the vomit green?<br>*Either light or dark green.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 674 | [id10192]<br>Show the field ONLY if: [id10188]='1' and [ageindays] >=28 | Was the vomit black? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 675 | [id10193]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby have any belly (abdominal) problem?<br>*Explain to the respondent that problems could be pain, protruding abdomen or a mass.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 676 | [id10200]<br>Show the field ONLY if: [id10193]='1' and [ageindays] >=28 | Did the baby have a more than usually protruding belly (abdomen)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 677 | [id10201]<br>Show the field ONLY if: [id10200]='1' | For how long before death did the baby have a more than usually protruding belly (abdomen)? (in days) | text (number) |
| | 678 | [id10203]<br>Show the field ONLY if: [id10200]='1' | How rapidly did the baby develop the protruding belly (abdomen)? | radio<br>1 Rapidly<br>2 Slowly<br>99 Doesn't know<br>88 Refused to answer |
| | 679 | [id10204]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby have any mass in the belly (abdomen)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 680 | [id10205]<br>Show the field ONLY if: [id10204]='1' | For how long did the baby have a mass in the belly (abdomen)? (in days) | text (number) |
| | 681 | [id10214] | Was the baby unconscious during the illness that led to death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 682 | [id10215]<br>Show the field ONLY if: [id10214]='1' | Was the baby unconscious for more than 24 hours before death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 683 | [id10216]<br>Show the field ONLY if: [ageindays]>=28 and [id10214] = '1' and ([id10215] = '0' or [id10215] = '99' or [id10215] = '88') | How many hours before death did the unconsciousness start? | text (number) |
| | 684 | [id10217]<br>Show the field ONLY if: [id10214]='1' and [ageindays] >=28 | Did the unconsciousness start suddenly, quickly (at least within a single day)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 685 | [id10218]<br>Show the field ONLY if: [id10214]='1' and [ageindays] >=28 | Did the unconsciousness continue until death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 686 | [id10219] | Did the baby have convulsions? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 687 | [id10220]<br>Show the field ONLY if: [id10219]='1' and [ageindays] >=28 | Did the baby experience any generalized convulsions or fits during the illness that led to death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 688 | [id10221]<br>Show the field ONLY if: [id10219]='1' and [ageindays] >=28 | For how many minutes did the convulsions last?<br>*The answer could be given in another unit, but for data entry use minutes. Less than 1 minute=0; 1 hour=60 minutes. Enter "99" for "don't know." Enter "88" for "refuse."* | text |
| | 689 | [id10222]<br>Show the field ONLY if: [id10219]='1' and [ageindays] >=28 | Did the baby become unconscious immediately after the convulsion? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 690 | [id10223]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby have any urine problems?<br>*Explain to the respondent that urine problems refer to urinating a lot or not at all, and blood in the urine.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 691 | [id10225]<br>Show the field ONLY if: [id10223]='1' and [ageindays] >=28 | Did the baby urinate more often than usual? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 692 | [id10226]<br>Show the field ONLY if: [id10223]='1' and [ageindays] >=28 | During the final illness did the baby ever pass blood in the urine? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 693 | [id10224]<br>Show the field ONLY if: [id10223]='1' and [ageindays] >=28 | Did the baby stop urinating?<br>*This means that the deceased stopped urinating.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 694 | [id10227]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby have sores or ulcers anywhere on the body? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 695 | [id10229]<br>Show the field ONLY if: [id10227]='1' and [ageindays] >=28 | Did the sores have clear fluid or pus? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 696 | [id10230]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby have an ulcer (pit) on the foot? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 697 | [id10231]<br>Show the field ONLY if: [id10230]='1' and [ageindays] >=28 | Did the ulcer on the foot ooze pus? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 698 | [id10232]<br>Show the field ONLY if: [id10231]='1' and [ageindays] >=28 | For how many days did the ulcer on the foot ooze pus? | text |
| | 699 | [id10233] | During the illness that led to death, did the baby have any skin rash? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 700 | [id10234]<br>Show the field ONLY if: [id10233]='1' and [ageindays] >=28 | For how many days did the baby have the skin rash?<br>*The answer could be given in another unit, but for data entry use days. Less than 1 day or 24 hours = 0 days; 1 week=7 days; 1 month=30 days. Enter "99" for "don't know." Enter "88" for "refuse."* | text |
| | 701 | [id10235]<br>Show the field ONLY if: [id10233]='1' and [ageindays] >=28 | Where was the rash? | checkbox<br>1 id10235___1 Face<br>2 id10235___2 Trunk or abdomen<br>3 id10235___3 Extremities<br>4 id10235___4 Everywhere |
| | 702 | [id10236]<br>Show the field ONLY if: [id10233]='1' and [ageindays] >=28 | Did the baby have measles rash (use local term)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 703 | [id10238]<br>Show the field ONLY if: [ageindays]>=28 | During the illness that led to death, did their skin flake off in patches? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 704 | [id10239] | During the illness that led to death, did the baby have areas of the skin that turned black? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 705 | [id10240] | During the illness that led to death, did the baby have areas of the skin with redness and swelling? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 706 | [id10241] | During the illness that led to death, did the baby bleed from anywhere? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 707 | [id10242]<br>Show the field ONLY if: [id10241]='1' | Did the baby bleed from the nose, mouth or anus (bum)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 708 | [id10243]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby have noticeable weight loss? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 709 | [id10244]<br>Show the field ONLY if: [ageindays]>=28 | Was the baby severely thin or wasted? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 710 | [id10245]<br>Show the field ONLY if: [ageindays]>=28 | During the illness that led to death, did the baby have a whitish rash inside the mouth or on the tongue? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 711 | [id10246]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby have stiffness of the whole body or was unable to open the mouth? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 712 | [id10247]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby have puffiness of the face? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 713 | [id10248]<br>Show the field ONLY if: [id10247]='1' | For how many days did the baby have puffiness of the face? | text |
| | 714 | [id10249]<br>Show the field ONLY if: [ageindays]>=28 | During the illness that led to death, did the baby have swollen legs or feet? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 715 | [id10250]<br>Show the field ONLY if: [id10249]='1' | How many days did the swelling last? | text |
| | 716 | [id10251]<br>Show the field ONLY if: [id10249]='1' | Did the baby have both feet swollen? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 717 | [id10252]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby have general puffiness all over their body? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 718 | [id10253]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby have any lumps? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 719 | [id10255]<br>Show the field ONLY if: [id10253]='1' | Did the baby have any lumps on the neck? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 720 | [id10256]<br>Show the field ONLY if: [id10253]='1' | Did the baby have any lumps on the armpit? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 721 | [id10257]<br>Show the field ONLY if: [id10253]='1' | Did the baby have any lumps on the groin? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 722 | [id10258]<br>Show the field ONLY if: [ageindays]>=28 | Was the baby in any way paralysed? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 723 | [id10259]<br>Show the field ONLY if: [id10258]='1' | Did the baby have paralysis of only one side of the body? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 724 | [id10260]<br>Show the field ONLY if: [id10258]='1' | Which were the limbs or body parts paralysed? | checkbox<br>1 id10260___1 Right side<br>2 id10260___2 Left side<br>3 id10260___3 Lower part of body<br>4 id10260___4 Upper part of body<br>5 id10260___5 One leg only<br>6 id10260___6 One arm only<br>7 id10260___7 Whole body<br>8 id10260___8 Other |
| | 725 | [id10260_check]<br>Show the field ONLY if: [id10258]='1' AND (([id10260(1)]='1' AND [id10260(2)]='1') OR [id10260(7)]='1') | It is not possible to select "only one side paralysed" and "left and right side" or "whole body" together. Please go back and correct the selection. | descriptive |
| | 726 | [id10261]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby have difficulty swallowing?<br>*Explain to the respondent that this could mean choking or coughing each time the baby fed.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 727 | [id10262]<br>Show the field ONLY if: [id10261]='1' | For how many days before death did the baby have difficulty swallowing? | text |
| | 728 | [id10265] | Did the baby have yellow discoloration of the eyes? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 729 | [id10266]<br>Show the field ONLY if: [id10265]='1' and [ageindays]>=28 | For how many days did the baby have the yellow discoloration? | text |
| | 730 | [id10268]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?<br>*Long term deficiency of the blood results in a pale, whitish appearance of the lips, tongue, and eye sac. Sometime it is referred to as thinning or lack of blood, or pallor.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 731 | [id10269]<br>Show the field ONLY if: [ageindays]>=28 | Did the baby have sunken eyes? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 732 | [id10271] | Was the baby able to suckle or bottle-feed within the first 24 hours after birth? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 733 | [id10272] | Did the baby ever suckle in a normal way? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 734 | [id10273] | Did the baby stop suckling? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 735 | [id10274]<br>Show the field ONLY if: [id10273]='1' | How many days after birth did the baby stop suckling? | text |
| | 736 | [id10275] | Did the baby have convulsions starting within the first 24 hours of life? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 737 | [id10276]<br>Show the field ONLY if: [id10275]='0' or [id10275]='99' or [id10275]='88' | Did the baby have convulsions starting more than 24 hours after birth? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 738 | [id10277] | Did the baby's body become stiff, with the back arched backwards? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 739 | [id10278] | During the illness that led to death, did the baby have a bulging or raised fontanelle?<br>*Show photo if available.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 740 | [id10279] | During the illness that led to death, did the baby have a sunken fontanelle?<br>*Show photo if available.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 741 | [id10281] | During the illness that led to death, did the baby become unresponsive or unconscious? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 742 | [id10282]<br>Show the field ONLY if: [id10281]='1' | Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 743 | [id10283]<br>Show the field ONLY if: [id10281]='1' and ([id10282]='0' or [id10282]='99' or [id10282]='88') | Did the baby become unresponsive or unconscious more than 24 hours after birth? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 744 | [id10284] | During the illness that led to death, did the baby become cold to touch? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 745 | [id10285]<br>Show the field ONLY if: [id10284]='1' | How many days old was the baby when it started feeling cold to touch?<br>*If less than 1 day or 24 hours, enter 0 days. Use 1 week = 7 days to determine the number of days. For don't know, enter "99." For refused, enter "88."* | text |
| | 746 | [id10286] | During the illness that led to death, did the baby become lethargic after a period of normal activity? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 747 | [id10287] | Did the baby have redness or pus drainage from the umbilical cord stump? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 748 | [id10288] | During the illness that led to death, did the baby have skin ulcer(s) or pits? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 749 | [id10289] | During the illness that led to death, did the baby have yellow skin, palms (hand) or soles (foot)? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 750 | [id10354] | Section Header: *Other Medical History*<br>Was the child part of a multiple birth?<br>*If two or more children are born at the same time, it is counted as a multiple birth, even if one or more of the babies are born dead.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 751 | [id10355]<br>Show the field ONLY if: [id10354]='1' | Was the child the first, second, or later in the birth order? | radio<br>1 First<br>2 Second or later<br>99 Doesn't know<br>88 Refused to answer |
| | 752 | [id10435] | Did a health care worker tell you the cause of death? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 753 | [id10436]<br>Show the field ONLY if: [id10435]='1' | What did the health care worker say? | text |

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| | 754 | [id10437] | Do you have any health records that belonged to the deceased? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer<br>Field Annotation: @HIDDEN |
| | 755 | [id10438]<br>Show the field ONLY if: [id10437]='1' | Can I see the health records? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer<br>Field Annotation: @HIDDEN |
| | 756 | [id10439_check]<br>Show the field ONLY if: [id10438]='1' | [Is the date of the most recent (last) visit available?] | radio<br>1 Yes<br>0 No<br>Field Annotation: @HIDDEN |
| | 757 | [id10439]<br>Show the field ONLY if: [id10439_check]='1' | [Record the date of the most recent (last) visit] | text (date_dmy)<br>Field Annotation: @HIDDEN |
| | 758 | [id10450] | Section Header: *Background and Context*<br>In the final days before death, did the mother travel with the baby to a hospital or health facility? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 759 | [id10451]<br>Show the field ONLY if: [id10450]='1' | Did the baby use motorised transport to get to the hospital or health facility?<br>*For stillbirths and live births delivered in a health facility, answer based on mother's experience.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 760 | [id10452]<br>Show the field ONLY if: [id10450]='1' | Were there any problems during admission to the hospital or health facility?<br>*For stillbirths and live births delivered in a health facility, answer based on mother's experience.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 761 | [id10453]<br>Show the field ONLY if: [id10450]='1' | Were there any problems with the way the baby was treated (medical treatment, procedures, interpersonal attitudes, respect, dignity) in the hospital or health facility?<br>*For stillbirths and live births delivered in a health facility, answer based on mother's experience.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 762 | [id10454]<br>Show the field ONLY if: [id10450]='1' | Were there any problems getting medications or diagnostic tests in the hospital or health facility?<br>*For stillbirths, answer based on mother's experience.* | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |

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| | 763 | [id10455]<br>Show the field ONLY if: [id10450]='1' | Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 764 | [id10456] | In the final days before death, were there any doubts about whether medical care was needed? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 765 | [id10457] | In the final days before death, was traditional medicine used? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 766 | [id10458] | In the final days before death, did anyone use a telephone or cell phone to call for help? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 767 | [id10459] | Over the course of illness, did the total costs of care and treatment prohibit other household payments? | radio<br>1 Yes<br>0 No<br>99 Doesn't know<br>88 Refused to answer |
| | 768 | [id10476] | Section Header: *Open Narrative*<br>Thank you for your information. Now can you please tell me in your own words about the events that led to the death? | notes |
| | 769 | [id10478] | [Select any of the following words that were mentioned as present in the narrative.] | checkbox<br>1 id10478___1 Asphyxia<br>2 id10478___2 Incubator<br>3 id10478___3 Lung problem<br>4 id10478___4 Pneumonia<br>5 id10478___5 Preterm delivery<br>6 id10478___6 Respiratory distress<br>7 id10478___7 Abdomen<br>8 id10478___8 Cancer<br>9 id10478___9 Dehydration<br>10 id10478___10 Dengue fever<br>11 id10478___11 Diarrhea<br>12 id10478___12 Fever<br>13 id10478___13 Heart problems<br>14 id10478___14 Jaundice (yellow skin or eyes)<br>15 id10478___15 Rash<br>16 id10478___16 None of the above words were mentioned<br>99 id10478___99 Don't know |

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| | 770 | [id10478_check]<br><br>Show the field ONLY if: ([id10478(1)]='1' or [id10478(2)]='1' or [id10478(3)]='1' or [id10478(4)]='1' or [id10478(5)]='1' or [id10478(6)]='1' or [id10478(7)]='1' or [id10478(8)]='1' or [id10478(9)]='1' or [id10478(10)]='1' or [id10478(11)]='1' or [id10478(12)]='1' or [id10478(13)]='1' or [id10478(14)]='1' or [id10478(15)]='1') and ([id10478(16)]='1' or [id10478(99)]='1') | It is not possible to select "Don't know" or "None of the above" together with other options. Please go back and correct the selection. | descriptive |
| | 771 | [verbal_autopsy_newborn_complete] | Section Header: *Form Status*<br><br>Complete? | dropdown<br>0, Incomplete<br>1, Unverified<br>2, Complete |