**PMTCT Survey Mother/Caregiver Questionnaire (18-24 months)**

Captured automatically by CAPI: date of interview, time interview started and ended, language of interview

The survey assistant should enter: participant ID, clinic catchment area

**Note: Question numbers (far left column) highlighted in gray can be considered optional, as they are eliciting additional information that does not directly relate to the survey objectives.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Question** | **Answers** | **Instructions** | **Skip** |
| Intro Q1 | The following questions should be answered by the survey assistant based on the information collected on the Registration form. |   |   |   |
| Q1 | To verify eligibility of the infant, please enter the birth date of the selected infant (dd/mm/yyyy). | Number pad | Please use the number pad | If survey date - Q1={18,24m} go to Q2If survey date - Q1≠ {18,24m} STOP |
| Q2 | To verify eligibility of the participant, please enter the mother/caregiver’s age at the last birthday. | Number pad | Please use the number pad | If Q2>15 go to Q3If Q2<15 STOP |
| Q3 | Is the baby alive or deceased? | Alive (1)Deceased (0) | Please press on one box only | Go to Q4 |
| Q4 | Is the respondent the selected infant’s biological mother? | Yes (1)No (0) | Please press on one box only  | If Q3=0 and Q4=0 STOPIf Q3=1 and Q4=0 go to Q5If Q4=1 and Q3=0 go to A2bIf Q4=1 and Q3=1 go to A2a |
| Q5 | Enter respondent’s gender. | Female (1)Male (0) | Please press on one box only  | Go to A1  |
|   | **Section A. Antenatal care** |   |   |   |
| Intro A1 | In this questionnaire we will **only** ask you questions about your child born on [DATE]. |   | To the survey assistant: START ADDRESSING THE MOTHER |   |
| A1 | Does this baby’s biological mother live in this household? | Yes (1)No (0) | Please press on one box only | If A1=1 STOP the interview and ask to complete the interview with the motherIf A1=0 go to A1b |
| A1b | What is your relationship to the baby’s biological mother? | I am her husband (1)I am her mother (2)I am her father (3)I am her mother in law (4)I am her father in law (5)I am her relative (e.g. aunt, sister, cousin) (6)No relationship, I adopted her child (7)Other (8) | Please press on one box only | Go to A2a  |
| A2a | Is your baby a twin? | Yes (1)No (0) | Please press on one box only | Go to A3a |
| A2b | Was your baby a twin? | Yes (1)No (0) | Please press on one box only | Go to A3b |
| A3a | Is your baby a boy or a girl? | A girl (1)A boy (0) | Please press on one box only | Go to A4  |
| A3b | Was your baby a boy or a girl?  | A girl (1)A boy (0) | Please press on one box only | Go to A5a |
| A4 | How many months old is your baby? | Number pad | Please use the number pad | If Q4=1 go to A6If Q4=0 go to A70aSurvey date - Q1= A4 |
| Intro A5a | You mentioned that your baby passed away. |   |   |   |
| A5a | I know it may be difficult to talk about this, but can you please tell me when did your baby pass away? (dd/mm/yyyy) | Number pad | Please use the number pad | If A5a=Q1 go to A5bIf A5a>Q1 go to A6If A5a<Q1 ERROR |
| A5b | You mentioned that your baby died the day he was born. Was your baby born dead? | Yes (1)No (0) | Please press on one box only | Go to A5c |
| A5c | How many weeks was the pregnancy when the baby was born? | Number padDon’t remember (8) | Please use the number pad | Go to A6 |
| Intro A6 | We realize that once you got pregnant, you probably looked forward to having the baby. However, think back to the time **before** you got pregnant with your baby born on [DATE]. |   |   |   |
| A6 | In terms of the timing of the pregnancy with your baby, do you feel like you:(Read out responses) | Wanted the pregnancy at that time (1)Wanted the pregnancy sooner (2)Wanted the pregnancy later (3)Was not planning on getting pregnant at all (4) | Please press on one box only  | Go to A7 |
| A7 | Just before you found out you were pregnant with your baby, were you using any method to prevent or avoid pregnancy? | Yes (1)No (0)  | Please press on one box only  | If A7=0 go to A7bIf A7=1 go to A7a |
| A7a | Just before you found out you were pregnant with your baby, were you using any of the following methods? | Oral contraceptive pills (0/1)IUD (0/1)Depo provera or injection (0/1)Implant - Jadelle (0/1)Male condom (0/1)Female condom (0/1)Diaphragm (0/1)Lactational Amen. Method (0/1)Natural family planning/Rhythm (0/1)Other (0/1)Can’t remember (0/1)Don’t know (0/1) | Please press ALL statements that apply | Go to A7b |
| A7b | Are you **currently** doing something or using any method to delay or avoid getting pregnant? | Yes (1)No (0)  | Please press on one box only  | If A7b=1 go to A7cIf A7b=0 go to A7d |
| A7c | Are you **currently** using any of the following methods? | Female sterilization/hysterectomy (0/1)Male sterilization (0/1)Oral contraceptive pills (0/1)IUD (0/1)Depo provera injection (0/1)Implant - Jadelle (0/1)Male condom (0/1)Female condom (0/1)Diaphragm (0/1)Lactational Amen Method (0/1)Natural family planning/Rhythm (0/1)Other (0/1)Don’t know (0/1) | Please press ALL statements that apply | Go to A7d |
| A7d | Are you currently pregnant? | Yes (1)No (0)Not sure (2) | Please press on one box only  |  |
| A7e | What was the date of your last menstrual period? (dd/mm/yyyy) | Number padDon’t know | Please use the number pad | Go to A8 |
| Intro A8 | Think back to the time while you were pregnant with your baby born on [DATE]. |   |   |   |
| A8 | When you were pregnant with your baby, did you ever receive antenatal care in a health care facility? | Yes (1)No (0)Not Sure (2) | Please press on one box only | If A8=1 go to A18If A8=0 go to A15b |
| A15b | Why did you not receive antenatal care for your baby at a health care facility?  | Clinic is too far away (0/1)Booking fees were too expensive (0/1)My husband/partner would not let me (0/1)Could not take time away from home/work (0/1)There is no benefit to my baby for going to the clinic during pregnancy (0/1)Wait times at the clinic are too long (0/1)Clinic staff are unfriendly (0/1)I did not want to be tested for HIV (0/1)My church does not allow me (0/1)I did not know about it (0/1)Got assistance from traditional birth attendants (0/1)Other (0/1) | Please press ALL statements that apply | Go to A27 |
| A18 | How many months pregnant were you when you **first** received antenatal care in a health care facility? | Number pad | Please use the number pad |  |
| A18a | When was the date of your first antenatal care visit? (dd/mm/yyyy) | Number pad | Please use the number pad |  |
| A18b | While you were pregnant with your baby, did you receive a [*national patient card (if applicable)*]? | Yes (1)No (0) | Please press on one box only | Go to A20 |
| A20 | How many antenatal visits did you attend during your pregnancy with this baby? | Number pad | Please use the number pad | Go to A27 |
| A27 | Before your pregnancy with this baby, were you ever tested for HIV? | Yes (1)No (0) | Please press on one box only | If A27=1 go to A28If A27=0 go to A30 |
| A28 | For any of these HIV tests before your pregnancy with this baby, were the results ever positive? | Yes (1)No (0)Don’t want to tell (2)Don’t know (99) | Please press on one box only | If A28=1 go to A29If A28=0,2 go to A29aIf A28=99 go to A30 |
| A29 | In what month and year did you **first** receive a positive test result? (mm/yyyy) | Number padDon’t remember (01/9999) | Please use the number pad | Go to A29a |
| A29a | How much did knowing your HIV status (positive or negative) affect your plans to become pregnant?  | It made me NOT want to become pregnant (1)It made me want to become pregnant (2)It made me want to delay becoming pregnant (3)It did not change my timing of becoming pregnant (4) | Please press on one box only  | Go to A30 |
| Intro A30 | Now I would like to ask you a few specific questions about any medical tests you may have had while pregnant with your baby born on [DATE]. |   |   |   |
| A30   | During your pregnancy with this baby, were you tested for HIV? | Yes (1)No (0)Don’t want to tell (2)Don’t know (99) | Please press on one box only | If A30=0 go to A31bIf A30=2,99 go to A43If A30=1 go to A31c  |
| A31b | Why did you not test for HIV? | I was not offered an HIV test (0/1)I am not at risk for HIV (0/1)I was scared to find out the result (0/1)My husband would not let me (0/1)I did not have antenatal care (0/1)I did not have enough money for the test (0/1)I knew I was HIV positive (0/1)Testing site is too far away (0/1)I knew I was HIV negative (0/1)My religious beliefs or church does not allow testing (0/1)Other (0/1) | Please press ALL statements that apply | Go to A43 |
| A31c | During your pregnancy with this baby, did your partner come with you to the facility when you tested for HIV? | Yes (1)No, my partner did not come with me (0)I did not have a partner (2) | Please press on one box only | If A31c=1 go to A31dIf A31c=0,2 go to A32 |
| A31d | During your pregnancy with this baby, did you get tested and counseled for HIV together, as a couple? | Yes (1)No, we did not get tested together because my partner tested for HIV separately (2)No, we did not get tested together because my partner did not want to get tested although we were offered to do so (3)No, we did not get tested together because we were not offered HIV testing together (4) | Please press on one box only | Go to A32 |
| A32 | In what month and year were you **first** tested for HIV during your pregnancy with this baby? (mm/yyyy) | Number padDon’t remember (01/9999) | Please use the number pad | Go to A37b |
| A37b | Did you receive the results of the HIV test during the pregnancy with your baby? | Yes (1)No (0) | Please press on one box only | If A37b=0 go to A37cIf A37b=1 go to A38 |
| A37c | Why did you not get the result of your HIV test during your pregnancy with your baby? | Did not want to find out the results (0/1)The clinic was too far away (0/1)Could not take time away from home/work (0/1)Wait times at the clinic are too long (0/1)Clinic staff are unfriendly (0/1)My husband would not let me (0/1)I moved to a different locality (0/1)I forgot (0/1)I did not know I was supposed to collect the result (0/1)I did not know when to collect the result (0/1)I did not know the importance of the result (0/1)Other (0/1) | Please press ALL statements that apply | Go to A43 |
| A38 | For any of these HIV tests DURING your pregnancy with your baby, were the results ever positive? | Yes (1)No (0)Don’t want to tell (2)Don’t know (99) | Please press on one box only | Go to A43 |
| A43 | During this pregnancy, did you give a blood sample to have a CD4 test? | Yes (1)No (0)Don’t know (99) | Please press on one box only | If A43=0,99 go to A46eIf A43=1 go to A45 |
| A45 | Did you receive the result of the CD4 test? | Yes (1)No (0) | Please press on one box only | If A45=1 go to A46bIf A45=0 go to A46aIf A45=DK, REF go to A46e |
| A46a | Why did you not receive the result of the CD4 test? | Did not want to find out the results (0/1)The clinic was too far away (0/1)Could not take time away from home/work (0/1)Wait times at the clinic are too long (0/1)Clinic staff are unfriendly (0/1)My husband would not let me (0/1)I moved to a different locality (0/1)I forgot (0/1)I did not know I was supposed to collect the result (0/1)I did not know when to collect the result (0/1)I did not know the importance of the result (0/1)Other (0/1) | Please press ALL statements that apply | Go to A46e |
| A46b | What was the result of the CD4 test? | Number padDon’t know/ don’t remember (999) | Please use the number pad | Go to A46c |
| A46c | Did you have to make a trip to the clinic just to get the results of your CD4 test? | Yes (1)No (0) | Please press on one box only | Go to A46d |
| A46d | From the day you gave the blood sample for the CD4 test, how many days did you have to wait to receive the results of the test? | Number padDon’t remember (999) | Please use the number pad | Go to A46e |
| A46e | During your pregnancy, did you take any drug for intestinal worms? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to A46f |
| A46f | During your pregnancy, did you take any drugs to prevent you from getting malaria? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If A46f =1 go to A46gIf A46f=0,9 go to A70 |
| A46g | What drugs did you take? | SP/ Fansidar (0/1)Chloroquine (0/1)Coartemether (0/1)Deltaprim (0/1)Other (0/1)Don’t know (0/1) | Please press ALL statements that apply | Go to A70 |
| A70 | Do you have your maternal care booklet (from the hospital)? | Yes (1)No (0) | Please press on one box only | If A70=1 go to A70bIf A70=0 go to A79 |
| A70a | Do you have the maternal care booklet of your baby’s biological mother (from the hospital)? | Yes (1)No (0) | Please press on one box only | If A70a=1 go to A70bIf A70a=0 go to A79 |
| A70b | May I see this maternal care booklet? (If reluctant response, ***encourage to view the booklet***) | Yes (1)No (0)I cannot find the booklet at the moment (2) | Please press on one box only | If Q70b=1 go to A70cIf Q70b=0 go to A79 |
| Intro A70c | ***To the survey assistant:*** Fill in the following information from the booklet (do not ask the respondent). |   |   |   |
| A70c | The baby’s biological mother received antenatal care in a health care facility. | Yes (1)No (0)Nothing written on card (9) | Please press on one box only | If A70c=1,9 go to A71If A70c=0 go to A73 |
| A71 | The number of months in her pregnancy at which the biological mother first received antenatal care. | Number padNot mentioned (999) | Please use the number pad | Go to A72 |
| A72 | Number of antenatal visits attended during the pregnancy. | Number padNothing written on card (999) | Please use the number pad | Go to A73 |
| A73 | The biological mother was tested for HIV during her pregnancy. | Yes (1)No (0)Nothing written on card (9) | Please press on one box only | If A73=1 go to A74If A73=0,9 go to A76 |
| A74 | Month and year when the biological mother **first** tested for HIV. (mm/yyyy) | Number padNothing written on card (999) | Please use the number pad | Go to A75 |
| A75 | The result of the biological mother’s first HIV test during her pregnancy. | HIV Positive (1)HIV Negative (0)Indeterminate (2)Nothing written on card (9) | Please press on one box only | Go to A76 |
| A76 | The biological mother was given drugs to prevent HIV transmission to her baby. | Yes (1)No (0)Nothing written on card (9) | Please press on one box only | If A76=1 go to A77If A76=0,9 go to A78 |
| A77 | The biological mother was given the following medication: | Tenofovir/3TC/efavirenz (1)Tenofovir/3TC/dolutegravir (2)Other ART regimen (3)ART regimen not written on card (9) | Please press on one box only | Go to A78 |
| A78 | The result of the last maternal HIV antibody test was: | Positive (1)Negative (0)Indeterminate (2)Nothing written on card (9) | Please press on one box only | Go to A79 |
| A79 | Do you have your baby’s health card? | Yes (1)No (0) | Please press on one box only | If A79=1 go to A80If A79=0 & Q4=0 go to A85If A79=0 & Q4=1 go to C1a |
| A80 | May I see the baby’s health card? (If reluctant response, ***encourage to view the booklet***) | Yes (1)No (0)I cannot find the booklet at the moment (2) | Please press on one box only | If A80=1 go to A81aIf A80=0,9 & Q4=0 go to A85If A80=0,9 & Q4=1 go to C1a |
| Intro A81a | ***To the survey assistant:*** Fill in the following information from the booklet (do not ask the baby’s caregiver). |   |   |   |
| A81a | The baby’s weight at birth (in kilograms) | Number padNothing written on card (9) | Please use the number pad | Go to A81 |
| A81 | The baby was given NVP or other ARVs at birth. | Yes (1)No (0)Nothing written on card (9) | Please press on one box only | Go to A82 |
| A82 | The baby was given Cotrimoxazole. | Yes (1)No (0)Nothing written on card (9) | Please press on one box only | Go to A83 |
| A83 | The baby was tested for HIV. | Yes (1)No (0)Nothing written on card (9) | Please press on one box only | If A83=1 go to A84If A83=0,9 & Q4=0 go to A85If A83=0,9 & Q4=1 go to C1a |
| A84 | The baby’s HIV test result. | Positive (1)Negative (0)Indeterminate (2)Nothing written on card (9) | Please press on one box only | Go to A84a |
| A84a | Month and year of the baby’s HIV test (mm/yyyy)**[Note: May want to allow room for documentation of multiple infant HIV tests to account for birth testing, 6 weeks, 9 months, and other]** | Number padNothing written on card (999) | Please use the number pad | If Q4=0 go to A85If Q4=1 go to C1a |
| A85 | As far as you know, has your baby’s biological mother ever tested for HIV? | Yes (1)No (0)Don’t know (2) | Please press on one box only | If A85=1 go to A86If A85=0,2 go to A87 |
| A86 | What was the result of the HIV test? | Positive (1)Negative (0)Don’t know (2) | Please press on one box only | Go to A87 |
| A87 | As far as you know, has your baby ever been tested for HIV? | Yes (1)No (0)Don’t know (2) | Please press on one box only | If A87=1 go to A88If A87=0,2 go to C25 |
| A88 | What was the result of the HIV test? | Positive (1)Negative (0)Don’t know (2) | Please press on one box only | Go to C25 |
|   | **Section C. Childbirth** |   |   |   |
| Intro C1a | Now I would like to ask you about the birth of your child born on [DATE]. |   |   |   |
| C1a | Would you say that your overall experience of the delivery was positive? | Yes (1)No (0) | Please press on one box only | Go to C1b |
| C1b | Where did you give birth to your baby? | Your home (1)Other home (2)Hospital (3)Health center or clinic (4)Other (5)On route to the health facility (6)At the traditional birth attendant (7)At the faith healer (8) | Please press on one box only | If C1b=1,2,7,8 go to C1cIf C1b=3,4,5,6,DK, REF go to C2c |
| C1c | Was your baby taken to a health center after delivery within 3 days of birth? | Yes (1)No (0)Don’t know (2) | Please press on one box only | Go to C2c |
| C2c | Were you offered an HIV test during your delivery? | Yes (1)No (0) | Please press on one box only | If C2c=1 go to C2dIf C2c=0 go to C5 |
| C2d | Did you accept the HIV test during delivery? | Yes (1)No (0) | Please press on one box only | If C2d =1 go to C2gIf C2d=0 go to C2e |
| C2e | Why did you not accept the HIV test during delivery? | I tested earlier in my pregnancy and was HIV negative (1)I knew I was HIV positive (2)I did not want to know my HIV status (3)I am not at risk for HIV (4)My husband would not let me (5)I was scared to find out the result (6)Lack of confidentiality of the test result (7)Other (8) | Please press on one box only | Go to C5 |
| C2g | What was the result of the HIV test you received during delivery? | Positive (1)Negative (0)Don’t know (2) | Please press on one box only | Go to C5 |
| C5 | Who made the final decision about where to deliver your baby? | You (1)The baby’s father (2)Your mother (3)Your mother in law (4)Other relatives (5)Church leaders (6)Friends (7)Other (8)Health staff member (9) | Please press on one box only | Go to C10 |
| C10 | Was your baby delivered by cesarean section? (During the delivery, did a doctor perform surgery to remove the baby from your uterus? If the baby was delivered naturally through the vagina, then it was not a cesarean section.) | Yes (1)No, cesarean was not necessary (2)No health professional was available (3)Don’t know (9) | Please press on one box only | Go to C11 |
| C11 | Who assisted with the delivery of your baby? | Health professional: Doctor (0/1)Health professional: Nurse/ traditional birth attendant (0/1)Health professional: unskilled worker at health center (0/1)Traditional/ trained birth attendant (0/1)Friend/ neighbor (0/1)Family member (0/1)No one (0/1)Other (0/1)Don’t know (0/1) | Please press ALL statements that apply | Go to C13 |
| C13 | Was your baby weighed at birth? | Yes (1)No (0) | Please press on one box only | If C13=1 go to C14If C13=0 go to C15a |
| C14 | How much did your baby weigh? (in kilograms) | Number pad | Please use the number pad | Go to C15a |
| C15a | Did you go to a clinic for a postnatal visit for your own health? Postnatal visits are when the clinic makes sure the mother is healthy after the delivery of a child. | Yes (1)No (0) | Please press on one box only | If C15a=1 & Q3=1 go to C15fIf C15a=1 & Q3=0 go to G1If C15a=0 go to C15b |
| C15b | Why did you not go to a clinic for a postnatal visit? | I was not told that I should have this visit (1)My baby and I felt healthy and did not think I needed to go (2)The clinic was too far away (3)The clinic staff are unfriendly (4)I could not take time away from home/work to go to the clinic (5)I did not want to pay for a clinic visit (6)My husband would not let me go (7)My church leaders advised me not to go (8)Other (9) | Please press on one box only | If Q3=1 go to C15fIf Q3=0 go to G1 |
| C15f | Did you go to a clinic at some point after the birth of your baby so that your baby could receive immunizations? | Yes (1)No (0) | Please press on one box only | If C15f =1, DK, REF go to C15hIf C15f=0 go to C15g |
| C15g | Why did you not go to a clinic to have your baby immunized? | I was not told when to bring in my child (1)I do not believe immunizations will help my child (2)The clinic was too far away (3)Did not feel comfortable around the clinic staff (4)I could not find take time away from home/work to go to the clinic (5)I did not want to pay for a clinic visit/the immunizations (6)My husband would not let me go (7)My mother/ mother-in-law would not let me go (8)My religion does not allow me (9)I forgot (10)I was not feeling well (11)Other (12) | Please press on one box only | Go to C15h |
| C15h | Was the baby ever tested for HIV? | Yes (1)No (0) | Please press on one box only | If C15h=1 go to C16bIf C15h=0 go to C16aIf C15h=DK, REF go to C19b |
| C16a | Why did you not test your baby for HIV? | I was not offered to have my baby tested for HIV (0/1)I was scared to find out the result (0/1)My husband would not let me (0/1)The test was too expensive (0/1)I did not go back to a clinic after the baby was born (0/1)The clinic was too far away (0/1)Did not feel comfortable around the clinic staff (0/1)I could not find take time away from home/work to go to the clinic (0/1)I knew I was HIV negative (0/1)My church does not allow me to (0/1)It never occurred to me/ never thought about it (0/1)Other (0/1) | Please press ALL statements that apply | Go to C19b |
| C16b | In what month and year was the baby **last** tested for HIV? (MM/YYYY) | Number padDon’t remember (01/9999) | Please use the number pad | Go to C17 |
| C17 | How old was the baby when **last** tested for HIV? (in months) | Number pad | Please use the number pad | Go to C18 |
| C18 | Did you receive the results of your baby’s HIV test? | Yes (1)No (0) | Please press on one box only | If C18=1 go to C19aIf C18=0, DK, REF go to C19b |
| C19a | What was the result of your baby's HIV test? | HIV positive (1)HIV negative (0)Don’t want to tell (2)Don’t know (3) | Please press on one box only | Go to C19b |
| C19b | Did health staff recommend that your baby is put on treatment for HIV infection, specifically on ART drugs? [show pictures] | Yes (1)No (0)Don’t know (9) | Please press on one box only | If C19b=0,DK, REF go to C20bIf C19b=1 go to C19bb |
| C19bb | In what month and year was the baby put on treatment for HIV infection, specifically on ART drugs? (MM/YYYY) | Number padThe baby was not put on treatment for HIV infection (99/9999) | Please use the number pad | Go to C19c |
| C19c | Did you give your baby the treatment as directed by the health facility, in terms of the number of days and dosage? | Yes (1)No (0) | Please press on one box only | If C19c=1, DK, REF go to C20bIf C19c=0 go to C19d |
| C19d | Why did you not give your baby the treatment as directed by the health facility? | Baby would not take it (0/1)It made the baby sick (0/1)I forgot (0/1)A household member told me not to (0/1)I ran out of the medicine too quickly (0/1)The treatment was too expensive (0/1)Other (0/1) | Please press ALL statements that apply | Go to C20b |
| C20b | Has the baby ever spent the night in a clinic or hospital **after** being discharged from birth facility? | Yes (1)No (0)Don’t know/ don’t remember (2) | Please press on one box only | If C20b=1 go to C21If C20b=0,2 go to C25 |
| C21 | How many times has your baby been hospitalized? | 1 time (1)2 times (2)3 times (3)4 times (4)5 times or more (5)Don’t know (9) | Please press on one box only | Go to C25 |
| C25 | Did your baby have diarrhea in the past 4 weeks (more than 3 watery stools per day)? | Yes (1)No (0) | Please press on one box only | If C25=1 go to C25aIf C25=0 go to C25e |
| C25a | Has your baby had diarrhea in the last two weeks? | Yes (1)No (0) | Please press on one box only | If C25a=1 go to C25bIf C25a=0 go to C25c |
| C25b | Was there any blood in the stools? | Yes (1)No (0)Don’t know (2) | Please press on one box only | Go to C25c |
| C25c | Did you seek advice or treatment for the diarrhea from a health facility? | Yes (1)No (0)  | Please press on one box only | Go to C25d |
| C25d | Was your baby given any of the following to drink at any time since s/he started having diarrhea: | A fluid made from a special packet called an ORS sachet (0/1)A homemade sugar-salt-water solution (SSS) (0/1)None of the above (0/1) | Please press ALL statements that apply | Go to C25e |
| C25e | Has your baby ever had intestinal worms in his/her stool? | Yes (1)No (0)Don’t know (2) | Please press on one box only | If C25e=1 go to C26If C25e=0 go to C27 |
| C26 | During the past 6 months, how many times did your baby have intestinal worms? | Number padDon’t know (999) | Please use the number pad | If C26>0 go to C26aIf C26=0,999 go to C27 |
| C26a | Has your baby been given any drug for intestinal worms in the last six months? | Yes (1)No (0)Don’t know (2) | Please press on one box only | Go to C27 |
| C27 | During the past 4 weeks, did your baby have any respiratory illness (cold, pneumonia, cough)? | Yes (1)No (0) | Please press on one box only | Go to C28 |
| C28 | In the past 4 weeks, how many days has your baby been sick? | Number pad | Please use the number pad | Go to C28a |
| C28a | Has your baby been ill with a fever at any time in the last two weeks? | Yes (1)No (0)  | Please press on one box only | If C28a=1 go to C28bIf C28a=0 & Q4=1 go to G1If C28a=0 & Q4=0 go to F6 |
| C28b | At any time during the illness did your baby have blood taken from his/her finger or heel for testing? | Yes (1)No (0)  | Please press on one box only | Go to C28c |
| C28c | Did you seek advice/treatment for the fever from a health facility?  | Yes (1)No (0)  | Please press on one box only | Go to C28d |
| C28d | At any time during the illness did your baby take any drugs for the illness? | Yes (1)No (0)Don’t know (2) | Please press on one box only | If C28d=1 go to C28eIf C28d=0,2 & Q4=1 go to G1If C28d=0,2 & Q4=0 go to F6 |
| C28e | What drugs did the baby take? | Anti-malarial drugs (0/1)Antibiotic drugs (0/1)Other drugs (0/1) | Please press ALL statements that apply | Go to C28f |
| C28f | How long after the fever started did your baby first take drugs for the illness? | Same day (0)Next day (1)Two days after the fever (2)Three or more days after the fever (3)Don’t know (9) | Please press on one box only | If Q4=1 go to G1If Q4=0 go to F6 |
|   | **Section G. Exposure to ARVs/ART** |   |   |   |
| Intro G1 | I will ask you a series of questions about medication for either yourself or your baby before and during pregnancy, or after you delivered your baby. |   |   |   |
| G1 | Have you ever taken medication to treat your HIV infection? | Yes (1)No (0) | Please press on one box only | If G1=1 go to G1aIf G1=0 go to G2a |
| G1a | Were you on treatment for HIV infection before being pregnant with your baby? | Yes (1)No (0) | Please press on one box only | If G1a=1 go to G2If G1a=0 go to G2a |
| G2 | For how long were you on treatment for HIV infection before being pregnant with your baby? (in months) | Number pad  | Please use the number pad | Go to G2a |
| G2a | During a previous pregnancy, not your pregnancy with this baby, were you ever given any drugs so that you would not transmit HIV?  | Yes (1)No (0) | Please press on one box only | Go to G3 |
| G3 | During your pregnancy were you given any drugs to treat your HIV infection or so that you would not transmit HIV to your baby? | Yes (1)No (0) | Please press on one box only | If G3=1 go to G4If G3=0 & Q3=1 go to G9If G3=0 & Q3=0 go to G13 |
| G4 | *When did you start taking* drugs so that you would not transmit HIV to your baby? | Before becoming pregnant (0)1 months pregnant (1)2 months pregnant (1)3 months pregnant (2)4 months pregnant (3)5 months pregnant (4)6 months pregnant (5)7 months pregnant (6)8 months pregnant (7)9 months pregnant (8)10 months pregnant (9)During delivery (10)After delivery (11) | Please press on one box only | Go to G6 |
| G6 | Out of all the drugs you have been *given for yourself during your pregnancy* so that you would not transmit HIV to your baby, how many tablets did you take? | All the tablets given to me (1)Some of the tablets given to me (2)None of the tablets given to me (3)Don’t remember (4) | Please press on one box only | Go to G7 |
| G7 | How long were you instructed by health staff to take these drugs for (so that you would not transmit HIV to your baby)? | While pregnant (0/1)While breastfeeding (0/1)For the rest of my life (0/1)I was not instructed by health staff (0/1) | Please press ALL statements that apply | Go to G8 |
| G8 | *How long are you planning* to take these drugs? | While pregnant (0/1)While breastfeeding (0/1)For the rest of my life (0/1)I am not planning to take these drugs anymore (0/1) | Please press ALL statements that apply | If Q3=1 go to G9If Q3=0 go to G13 |
| G9 | Was your baby given any drugs to prevent HIV infection? | Yes (1)No (0) | Please press on one box only | If G9=1 go to G10If G9=0 go to G13 |
| G10 | When was your baby given drugs to prevent HIV infection? | Soon after birth (0/1)For a few weeks after delivery (0/1) | Please press ALL statements that apply | Go to G11 |
| G11 | Out of all the drugs you were given for your baby to prevent HIV, how much of the syrup did you give to your baby? | All the syrup given to me (1)Some of the syrup given to me (2)None of the syrup given to me (3)Don’t remember (4) | Please press on one box only | Go to G13 |
| G13 | Were you given Cotrimoxazole to take for your own health? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If G13=1 go to G14If G13=0,9 & Q3=1 go to G17If G13=0,9 & Q3=0 go to G19 |
| G14 | When did you take Cotrimoxazole for your own health? Please specify all the relevant times. | Before getting pregnant (0/1)While pregnant (0/1)During delivery (0/1)During the weeks following delivery (0/1)For many months following delivery (0/1)I am still taking these drugs (0/1)Other (0/1) | Please press ALL statements that apply | Go to G15 |
| G15 | Did you take the Cotrimoxazole for your own health as directed by the health facility, in terms of the number of days and dosage? | Yes (1)No (0) | Please press on one box only | If Q3=1 go to G17If Q3=0 go to G19 |
| G17 | Was the baby given Cotrimoxazole to take every day beginning at least at 6 weeks even when s/he was not sick? (syrup taken daily) | Yes (1)No (0)Don’t know/ don’t remember (2)  | Please press on one box only | If G17=1 go to G18If G17=0,2 go to G19 |
| G18 | Did you give your baby the Cotrimoxazole as instructed by the health facility, in terms of the number of days and dosage? | Yes (1)No (0) | Please press on one box only | Go to G19 |
| G19 | During your pregnancy did you receive any of the following types of support to help you to take care of your health and prevent transmitting HIV to your baby? (Check all that apply) | I participated in a program at the health facility (0/1)I participated in a program in the community (0/1)I participated in a support group (0/1)I was given information or materials (0/1)A health worker visited me at my homeI received phone calls or text messages to remind me to come to the clinic (0/1)I received phone calls or text messages to remind me to take medication (0/1)I received cash or food (0/1)Other (0/1) | Please press ALL statements that apply  |  |
| G19a | Did anyone at the health facility talk to you about where to go to get treatment for your HIV infection after your baby was born? | Yes (1)No (0) | Please press on one box only |  |
| G19b | Did anyone at the health facility help you to enroll in care after your baby was born? | Yes (1)No (0) | Please press on one box only | If G19b=1 go to G19cIf G19b=0 go to G19d |
| G19c | Did someone at the health facility physically escort you to the place where you would receive care after your baby was born? | Yes (1)No (0) | Please press on one box only |  |
| G19d | After your baby was born, did you receive any of the following types of support to help you to take care of your health? (Check all that apply) | I participated in a program at the health facility (0/1)I participated in a program in the community (0/1)I participated in a support group (0/1)I was given information or materials (0/1)A health worker visited me at my homeI received phone calls or text messages to remind me to come to the clinic (0/1)I received phone calls or text messages to remind me to take medication (0/1)I received cash or food (0/1)Other (0/1) | Please press ALL statements that apply  | Go to G20 |
| G20 | Are you currently taking medication to treat your own HIV infection? | Yes (1)No (0) | Please press on one box only | If G20=1 go to Intro G20aIf G20=0 go to G21b |
| Intro G20a | In the following questions, please tell me if the following reasons to take your HIV medications as prescribed to you are true. Please answer using the responses: [Not at all true; somewhat true; or very true]. “The reason you take your HIV medication as it was prescribed to you is… ” |  |  |  |
| G20a | Because you feel that you want to take responsibility for yourown health. | Not at all true (1)Somewhat true (2)Very true (3) | Please press on one box only |  |
| G20b | Because you have carefully thought about it and believe it is very important for many aspects of your life. | Not at all true (1)Somewhat true (2)Very true (3) | Please press on one box only |  |
| G20c | Because taking your HIV medication is consistent with your life goals. | Not at all true (1)Somewhat true (2)Very true (3) | Please press on one box only |  |
| G20d | Because you personally believe it is the best thing for your health. | Not at all true (1)Somewhat true (2)Very true (3) | Please press on one box only |  |
| G20e | Because it is an important choice you really want to make. | Not at all true (1)Somewhat true (2)Very true (3) | Please press on one box only | Go to G21 |
| G21 | Think about the last 3 months. Where do you most often collect HIV medication from? | The clinic where I went for antenatal care (1)A different clinic than the one I went to for antenatal care (2)A local pharmacy or dispensary (3)A community ART refill group/CARG (4)A village health worker or someone else delivers it to me (5)I haven’t been taking ART recently (6) | Please press on one box only | Go to G21a |
| G21a | In the last 3 months, how many times did you travel to the clinic/pharmacy/or ART group to collect your HIV medication? | Number padDon’t remember (01/9999) | Please use the number pad | Go to G21b |
| G21b | When did you stop taking HIV medication? | While pregnant (1)While breastfeeding (2)After my baby was tested for HIV (3)After I stopped breastfeeding (4)I never took any medication (5) | Please press on one box only | Go to G22 |
| G22 | Is your husband or partner currently taking medication to treat his HIV infection? | Yes (1)No, he is not taking medication (0)I don’t have a husband or partner (2)My partner is not HIV infected (3)I don’t know (9) | Please press on one box only | If G22=1 go to G23If G22=0,2 go to G24 |
| G23 | Does your husband or partner most often collect his HIV medication from the same health facility as yourself? | Yes, the same facility (1)No, a different facility (0)I am not taking HIV medication (8)I don’t know (9) | Please press on one box only | Go to G24 |
| G24 | Have you ever been a part of a community ART refill group? | Yes (1)No (0)Don’t know (999) | Please press on one box only | If G24=1 go to G25If G24=0 go to G26 |
| G25 | Are you currently a part of a community ART refill group? | Yes (1)No (0)Don’t know (999) | Please press on one box only |  |
| G26 | Out of all the HIV medication you have been given *in the last month*, how many tablets did you take? | All the tablets given to me (1)Some of the tablets given to me (2)None of the tablets given to me (3)Don’t remember (4) | Please press on one box only | Go to E1 |
|   | **Section E. Health facilities visited** |   |   |   |
| E1 | How many different health facilities did you visit to receive healthcare for yourself and/or your baby, while pregnant, during delivery, or since delivering your baby? | Number padI did not visit any health facility (0)Too many to remember (88) | Please use the number pad | If E1=0 & Q3=1 go to F6If E1=0 & Q3=0 go to D1If E1>1 go to E2If E1=1 go to E4 |
| E2 | Why did you receive health services at more than one health facility? |  I moved houses  during this period  (0/1) I went to my mother’s  house or rural home  (0/1) I was staying  somewhere else for work or while visiting  (0/1)  My usual health facility  does not offer all the  health services I  required  (0/1)  I was referred by my usual health facility (0/1)I wanted to deliver in a hospital (0/1)I preferred the care at a different facilityOther (0/1) | Please press ALL statements that apply | If E2\_b=1 go to E3Otherwise, start LOOP |
| E3 | When were you at your mother’s home/ rural home? | For a few months while pregnant (0/1)During delivery (0/1)For a few months after delivery (0/1) | Please press ALL statements that apply | Start LOOP (E4) |
| Intro E4 | You mentioned that you visited [X=E1] health facilities to receive healthcare for yourself and/or your baby, while pregnant, during delivery, or since delivering your baby. I will ask you a series of questions about each of these facilities and the services you received. |   |   |   |
|   | **FACILITY X *[in a loop of maximum 5 facilities]*:** |   |   |   |
| E4 | Province: | List of provinces in Zimbabwe Neighboring countries | Please press on one box only | Go to E5 |
| E5 | District: | List of districts from the corresponding provinceNeighboring countries [or skip district if neighboring country] | Please press on one box only | Go to E6 |
| E6 | Name of the health facility: | List of clinics in our sample from the corresponding district + ‘other clinic’ | Please press on one box only | Go to E7 |
| E7 | Type of health facility: | Government hospital (1)Government health center (2)Government health post (3)Private sector clinic (4)Mission hospital (5)Mission health center (6)Mission health post (7)Local authority health centre (8)Other (9) | Please press on one box only | Go to E8 |
| E8 | Why did you access services at this health facility? | This facility was near where I was living or staying (0/1)This facility was the only facility near where I was living or staying (0/1)I perceive this facility to give good quality of care (0/1)The staff at this facility treat people well (0/1)This facility offered a service that was not available at other facilities (0/1)This facility provides care on a day and time that is easy for me to go for care (0/1)This facility is not congested/waiting times are short (0/1)Care was less expensive at this facility (0/1)Other (specify) (0/1) | Please press ALL statements that apply | Go to E9 |
| E9 | How did you usually get to the facility? | I walked (1)I used public transport (2)I used my personal vehicle (3)I used a bicycle (4)I got a lift (5)I got a taxi (6)I used our scotch cart (7)Other (8)Don’t remember (9) | Please press on one box only | If E9=1,4,7,9 go to E11If E9=2,3,5,6,8 go to E10  |
| E10 | How much did you pay for the round trip transportation to the facility? (in US dollars or rand) | Number padDon’t remember (999)  | Please use the number pad | Go to E11 |
| E11 | How long did it take to go to the facility? (one way in minutes) | Number padDon’t remember (999) | Please use the number pad | Go to E11a |
| E11a | How many times did you visit this facility for yourself and/or your baby, while pregnant, during delivery, or since delivering your baby? | Number padDon’t remember (999)  | Please use the number pad | Go to E12 |
| E12 | Which health services did you access at this facility for yourself and/or your baby, while pregnant, during delivery, or since delivering your baby? | Antenatal care (0/1)HIV test for yourself (0/1)CD4 test for yourself (0/1)Labor and delivery (0/1)Postnatal care for yourself (0/1)Postnatal care for your baby (0/1)Immunizations for your baby (0/1)HIV test for your baby (0/1)General health services for yourself (0/1)General health services for your baby (0/1)Collected *treatment* to treat *your* HIV infection (0/1)Collected drugs to take *yourself to preven*t transmission of HIV infection to your baby (0/1)Collected drugs *for your baby to take to prevent* acquisition of HIV infection by your baby (0/1)Collected *treatment* to treat *your baby’s* HIV infection (0/1)Collected Cotrimoxazole for yourself (0/1)Collected Cotrimoxazole for your baby (0/1)None of the above (0/1) | Please press ALL statements that apply | If E12=‘None of the above’ go to next facility/If E12\_k=1 or E12\_l=1 or E12\_m=1, or E12\_n=1 for more than one facility, go to E22. Otherwise go to F6.Else go to E14 |
| E14 | Did you pay a flat consultation fee to cover multiple services at this facility? | Yes (1)No (0) | Please press on one box only | If E14=1 go to E15If E14=0 go to E17a |
| E15 | Among all the services that you accessed at this facility, which services were covered by this flat consultation fee? | Antenatal care (0/1)HIV test for yourself (0/1)CD4 test for yourself (0/1)Labor and delivery (0/1)Postnatal care for yourself (0/1)Postnatal care for your baby (0/1)Immunizations for your baby (0/1)HIV test for your baby (0/1)General health services for yourself (0/1)General health services for your baby (0/1)*Treatment* to manage *your* HIV infection (0/1)Drugs *for yourself to preven*t HIV infection for your baby (0/1)Drugs *for your baby to prevent* HIV infection for your baby (0/1)*Treatment* to manage *your baby’s* HIV infection (0/1)Cotrimoxazole for yourself (0/1)Cotrimoxazole for your baby (0/1) | Please press ALL statements that apply  | Go to E17 |
| E17 | In addition to the flat consultation fee mentioned above, did you pay a separate fee for any of the following services? | Antenatal care (0/1)HIV test for yourself (0/1)CD4 test for yourself (0/1)Labor and delivery (0/1)Postnatal care for yourself (0/1)Postnatal care for your baby (0/1)Immunizations for your baby (0/1)HIV test for your baby (0/1)General health services for yourself (0/1)General health services for your baby (0/1)*Treatment* to manage *your* HIV infection (0/1)Drugs *for yourself to preven*t HIV infection for your baby (0/1)Drugs *for your baby to prevent* HIV infection for your baby (0/1)*Treatment* to manage *your baby’s* HIV infection (0/1)Cotrimoxazole for yourself (0/1)Cotrimoxazole for your baby (0/1)Did NOT pay a separate fee for any of the following services (0/1) | Please press ALL statements that apply *[only list the services selected at E13]* | Go to E19 |
| E19 | In addition to the fees mentioned in the previous questions, did you have to pay the health staff any additional money to receive health services? | Yes (1)No (0) | Please press on one box only | If E19=1 go to E20If E19=0 go to E21a |
| E20 | How much did you have to pay the health staff to receive health services, on average per visit? | Number pad  | Please use the number pad | Go to E21 |
| E21 | How often did you have to pay the health staff to receive health services, excluding facility fees? | At every visit (1)At most visits (2)At only some visits (3)Once (4) | Please press on one box only | Go to E21a |
| E21a | Have you received any services for yourself at this facility in the last 6 months? | Yes (1)No (0) | Please press on one box only | Go to E21b |
| E21b | Have you received any services for your baby at this facility in the last 6 months? | Yes (1)No (0) | Please press on one box only | Go to next facility / If E12\_k=1 or E12\_l=1 or E12\_m=1, or E12\_n=1 for more than one facility, go to E22. Otherwise go to F6. |
|   | **Once out of the LOOP, ask the following questions if the ppt reported ART or ARVs for themselves or the baby, and did so from more than 1 facility::** |   |   |   |
| Intro E22 | You reported collecting drugs for yourself or for your baby to treat your HIV infection and/or to prevent transmitting HIV to your baby, from more than one health facility.  |   |   |  |
| E22 | Why did you collect these drugs from more than one facility? |  I moved houses  during this period  (0/1) I went to my mother’s  house or rural home  (0/1) I was staying  somewhere else for work or while visiting  (0/1)  My usual health facility  does not offer all the  health services I  required  (0/1)  I was referred by my usual health facility (0/1)I wanted to deliver in a hospital (0/1)I preferred the care at a different facilityOther (0/1) | Please press ALL statements that apply  | If Q3=1 go to F6If Q3=0 go to D1 |
|   | **Section F. Infant feeding practices** |   |   |   |
| Intro F6 | Now I will ask you some questions about what you feed your baby born on [DATE]. |   |   |   |
| F6 | Was your baby ever breastfed? | Yes (1)No (0)Don’t know (99) | Please press on one box only | If F6=0,99 go to D1If F6=1 and Q4=0 go to F8If F6=1 and Q4=1 go to F9 |
| F8 | Who are all the people who **ever** breastfed your baby? | Biological mother (0/1)Yourself (0/1)Someone else (0/1) | Please press ALL statements that apply | Go to F9  |
| F9 | Is your baby still breastfeeding? | Yes (1)No (0) | Please press on one box only | If F9=1 & Q4=1 go to F10If F9=1 & Q4=0 go to D1If F9=0 go to F9a |
| F9a | How months old was your baby when s/he stopped being breastfed? | Number padDon’t remember (999) | Please use the number pad | If F9=1 & Q4=1 go to F10If F9=1 & Q4=0 go to D1If F9=0 go to F9a |
| F10 | How long after birth did you first put your baby on the breast? (read out responses) | Immediately (1)Less than one hour (2)Less than 24 hours (3)More than 24 hours later (4) | Please press on one box only | Go to F10a |
| Intro F10a | How many months old was your baby when s/he started eating each of the following items: |   |   |   |
| F10a | Infant formula | Number padDon’t remember (999)The baby never ate this (888) | Please use the number pad | Go to F10b |
| F10b | Fresh milk, tea with milk | Number padDon’t remember (999)The baby never ate this (888) | Please use the number pad | Go to F10c |
| F10c | Water only, water with sugar/glucose, fruit juice, tea without milk, rice water | Number padDon’t remember (999)The baby never ate this (888) | Please use the number pad | Go to F10d |
| F10d | Solid food (e.g. sadza, yogurt, cheese, cereals, porridge, bread, weak porridge, fermented porridge, fruits/vegetables, meat/fish/chicken, eggs) | Number padDon’t remember (999)The baby never ate this (888) | Please use the number pad | Go to F10e |
| F10e | Traditional herbs and/or traditional medicines, non-prescribed over the counter medicines | Number padDon’t remember (999)The baby never ate this (888) | Please use the number pad | Go to F10f |
| F10f | Prescribed Medicine | Number padDon’t remember (999)The baby never ate this (888) | Please use the number pad | Go to F11 |
| F11 | Did you ever exclusively breastfeed your baby? (did you feed the baby only breast milk and nothing else for any period of time) | Yes (1)No (0) | Please press on one box only | If F11=1 go to F12If F11=0 go to F13 |
| F12 | For how long was your baby exclusively breastfed? (in months) | Number pad | Please use the number pad | Go to F13 |
| F13 | For how many months total have you breastfed your baby? (exclusively and combined with other products) | Number pad | Please use the number pad | Go to F14 |
| F14 | Did anyone at the health facility instruct you on how to feed your baby? | Yes (1)No, no one instructed me (0)  | Please press on one box only | If F14=1 go to F14aIf F14=0 go to D1 |
| F14a | What did the health staff instruct you on how to feed your baby? | Mothers should breastfeed as long as they can (0/1)Mothers should breastfeed for two years (0/1)Mothers should breastfeed for one year (0/1)Mothers should exclusively breastfeed for six months (0/1)Mothers should introduce liquids in the first 6 months of the baby’s life (0/1)Mothers should introduce liquids in the first year of the baby’s life (0/1)Mothers should introduce solid foods in the first 6 months of the baby’s life (0/1)Mothers should introduce solid foods in the first year of the baby’s life (0/1)None of the above (0/1)I don’t remember (0/1) | Please press ALL statements that apply | Go to F14b |
| F14b | During which visits to the health facility were you instructed on how to feed your baby? | During a general health check-up (0/1)During antenatal care visits (0/1)After delivering at the health facility (0/1)During the visit after delivery (0/1)During the visit(s) to have my baby immunized (0/1)When I collect my medications (0/1)During a home visit from the community health worker (0/1)None of the above (0/1) | Please press ALL statements that apply | Go to D1 |
|   | **Section D. Demographic characteristics** |   |   |   |
| Intro D1 | Now we would like to ask you a few questions about yourself. |   |   |   |
| D1 | How long have you lived in this place?  | I have always lived here (0)I have lived here continuously for some years but not my whole life (1)I have lived here on and off for some years but not my whole life (2)I have lived here for less than 1 year (3)I do not live here, I am just visiting (4) | Please press on one box only  | Go to D2 |
| D2 | What is the highest level of education that you have completed? | No schooling/ education (0)Primary school (1)Form 1 (2)Form 2 (ZJC) (3)Form 3 (4)Form 4 (O level) (5)Form 5 (6)Form 6 (A level) (7)College, certificate, degree (8)Don’t know (99) | Please press on one box only  | Go to D3 |
| D3 | What tribe or ethnic group do you belong to/identify with? | *[Insert relevant answers]* | Please press on one box only  | Go to D4 |
| D4 | What is your religion? | Roman Catholic (1)Anglican (2)Lutheran (3)Methodist (4)Baptist (5)Presbyterian (6)Apostolic (Marange/Masowe) (7)Pentecostal (8)Moslem (9)African traditional religion (10)Other (11)No religion (12) | Please press on one box only  | If Q4=1 go to D5If Q4=0 go to H1 |
| D5 | How many times have you given birth in your life, including stillbirths? | Number pad | Please use the number pad | If D5>1 go to D5aIf D5=1 go to D5g |
| D5a | How old were you when you had your first pregnancy? (in completed years) | Number pad | Please use the number pad | Go to D5aa |
| D5aa | What was your HIV status during your first pregnancy? | HIV positive (1)HIV negative (2)I did not know my HIV status at the time (3)I do not remember my HIV status at the time (4) | Please press on one box only  | Go to D5aaa |
| Intro D5aaa | You mentioned you had two or more deliveries. I will ask you a few questions about your experience with the pregnancy you had before the child born on [BIRTH DATE]. |   |   |   |
| D5aaa | Did you access antenatal care in a health facility for that pregnancy? | Yes (1)No (0) | Please press on one box only  | Go to D5b |
| D5b | Where did you give birth to your previous baby? | Your home (1)Other home (2)Hospital (3)Health center or clinic (4)Other (5)On route to the health facility (6)At the traditional birth attendant (7)At the faith healer (8) | Please press on one box only | Go to D5c |
| D5c | Would you say that your overall experience of the delivery with your previous baby was a good one? | Yes (1)No (0) | Please press on one box only | Go to D5d |
| D5d | Did you test HIV positive while you were pregnant with your previous baby? | Yes (1)No (0) | Please press on one box only  | If D5d=1 go to D5eIf D5d=0 go to D5g |
| D5e | Did you and/or your baby take drugs to prevent your previous baby from being HIV infected? | Yes (1)No (0) | Please press on one box only  | Go to D5f |
| D5f | What is the HIV status of your previous baby? | HIV positive (1)HIV negative (2)HIV tested, but don’t know their status (3)Not tested for HIV (4)The baby passed away (5) | Please press on one box only  | Go to D5g |
| D5g | What is your current HIV status? | HIV positive (1)HIV negative (2)HIV tested, but I don’t know my status (3)I never tested for HIV (4) | Please press on one box only  | Go to D5h |
| D5h | Do you want to have more children? | Yes (1)No (0) | Please press on one box only  | Go to D5j |
| D5j | How much does knowing your HIV status (positive or negative) affect your plans to become pregnant again or to not have children anymore?  | It makes me NOT want to become pregnant (1)It makes me want to become pregnant (2)It makes me want to delay becoming pregnant (3)It does not change my timing / my plans are not related to my HIV status (4) | Please press on one box only  | Go to D5k |
| D5k | Did you tell anyone your HIV status? | Yes (1)No (0) | Please press on one box only | If D5k=1 go to D5mIf D5k=0 go to D5n |
| D5m | Who did you tell? | Partner/ husband (0/1)Children (0/1)Other family member (0/1)Pastor/ church leader (0/1)Friend(s) (0/1)Other (0/1) | Please press ALL statements that apply | Go to D5mm |
| D5mm | When did you tell someone your HIV status? | When you found out your HIV status (1)When you became pregnant (2)After giving birth (3)Other (specify) (4) | Please press on one box only | Go to D5n |
| D5n | At any point during your pregnancy or after you had your baby, did you ever NOT visit the clinic or NOT get a treatment that was recommended to you because you were worried about being treated badly by healthcare staff? | Yes (1)No (0) | Please press on one box only | If D5n=1 go to D5pIf D5n=0 go to D6 |
| D5p | Were you worried that they would treat you badly because you had or might have had HIV infection? | Yes (1)No, it had nothing to do with my HIV status (2)No, I was not HIV positive (3) | Please press on one box only | Go to D6 |
| D6 | What best describes your current marital situation? | Currently married and living with husband (1)Currently married but living separately for work or family reasons (2)Divorced or separated (3)Widowed (last husband died) (4)Never been married (5) | Please press on one box only  | If D6=1,2 go to D8If D6=3,4,5,DK, REF go to D9 |
| D8 | How many wives does your husband have (including yourself)? | Number pad | Please use the number pad | Go to D10 |
| D9 | Do you currently have a regular sexual partner? | Yes (1)No (0) | Please press on one box only  | If D9=1 go to D10If D9=0 go to H1  |
| D10 | Is your husband/ partner the biological father of your child born on [DATE]? | Yes (1)No (0) | Please press on one box only  | Go to D11 |
| D11 | What is the highest level of education that your husband/ partner has completed? | No schooling/ education (0)Primary school (1)Form 1 (2)Form 2 (ZJC) (3)Form 3 (4)Form 4 (O level) (5)Form 5 (6)Form 6 (A level) (7)College, certificate, degree (8)Don’t know (99) | Please press on one box only  | Go to D12 |
| D12 | What tribe or ethnic group does your husband/ partner belong to/ identify with? | *[Insert relevant answers here]* | Please press on one box only  | Go to D13 |
| D13 | What is your husband/ partner's religion? | Roman Catholic (1)Anglican (2)Lutheran (3)Methodist (4)Baptist (5)Presbyterian (6)Apostolic (Marange/Masowe) (7)Pentecostal (8)Moslem (9)African traditional religion (10)Other (11)No religion (12) | Please press on one box only  | Go to H1 |
|  | **Section H. Household characteristics** |  |  |  |
| Intro H1 | We would like to ask you some questions about your household. By household we mean all the people that live together in this house and eat out of the same pot. |   |   |   |
| H1 | How many people normally live in this household? (include yourself, all adults, and all children) | Number pad | Please use the number pad | If Q4=1 go to H2If Q4=0 go to H5 |
| H2 | Does your mother live with you? | Yes (1)No (0) | Please press on one box only  | Go to H3 |
| H3 | Does your mother-in-law live with you? | Yes (1)No (0) | Please press on one box only | Go to H5 |
| H5 | Think about the building in your homestead that is the most appealing. What material is it built of? | Poles and dagga (1)Mud bricks (2)Cement blocks (3)Stones (4)Bricks and cement (5)Blocks and cement (6)Informal material/corrugated iron/wood (7)Other (8) | Please press on one box only  | Go to H5a |
| Intro H5a | ***To the survey assistant:*** Fill in the next three questions by observing the homestead (DO NOT ASK THE RESPONDENT). |   |   |   |
| H5a | Main material of the floor  | Earth / sand (1)Dung (2)Wood planks (3)Parquet or polished wood (4)Vinyl or asphalt strips (5)Ceramic tiles (6)Cement (7)Carpet (8)Other (9) | Please press on one box only  | Go to H5b |
| H5b | Main material of the roof | No roof (1)Thatch (2)Rustic mat (3)Wood planks (4)Metal (5)Wood (6)Asbestos (7)Tiles (8)Cement (9)Other (10) | Please press on one box only  | Go to H5c |
| H5c | Main material of the exterior walls | Cane / trunks (1)Mud (2)Stone with mud (3)Plywood (4)Carton (5)Reused wood (6)Cement (7)Stone with lime/ cement (8)Bricks (9)Cement blocks (10)Wood planks/ shingles (11)Other (12) | Please press on one box only  | Go to H6 |
| H6 | What kind of toilet facility does your household use? | Flush toilet to piped sewer system (1)Flush toilet to septic tank (2)Flush toilet to pit latrine (3)Flush toilet to somewhere else (4)Flush toilet, don’t know where (5)Our own Blair (6)Our neighbor’s Blair (7)Pit latrine with slab (8)Pit latrine without slab/open pit (9)Bucket toilet (10)The bush/ field (11)Other (12) | Please press on one box only  | Go to H7 |
| H7 | What is the main source of drinking water for members of your household? | Piped water into house (1)Piped water outside but available within plot (2)Public tap (3)Tube well or borehole (4)Protected well (5)Unprotected well (6)Protected spring (7)Unprotected spring (8)Rainwater (9)Tanker truck (10)Cart with small tank (11)Surface water (river/lake/pond/stream) (12)Bottled water (13)Other (14) | Please press on one box only  | Go to H8 |
| H8 | Do you do anything to the water to make it safer to drink? | Yes (1)No (0)Don’t know (99) | Please press on one box only  | If H8=1 go to H9If H8=0,99 go to H10 |
| H9 | What do you usually do to make the water safer to drink? | Boil (0/1)Add bleach/ chlorine (0/1)Strain through a cloth (0/1)Use water filter (0/1)Solar disinfection (0/1)Let it stand and settle (0/1)Other (0/1)Don’t know (0/1) | Please press ALL statements that apply | Go to H10  |
| H10 | Do you have the following items in your household?  | Electricity (0/1)Battery / generator (0/1)Solar panel (0/1)Refrigerator (0/1)Stove (electric, gas, or wood) (0/1)Drinking tap water in the house (0/1)Livestock (goats, sheep, cattle, donkeys) (0/1)Bicycle (0/1)Motorcycle (0/1)Car/truck in working condition (0/1)Scotch cart (0/1)Wheel barrow (0/1)Cell phone (0/1)Landline phone (0/1)Radio (0/1)Television (0/1)Computer (0/1)None of the above (0/1) | Please press ALL statements that apply  | Go to H11a |
| Intro H11a | Now think about yourself and your household. |   |   |   |
| H11a | In the past four weeks, was there ever no food to eat of any kind in your house because of lack of resources to get food? | Yes (1)No (0) | Please press on one box only  | If H11a=1 go to H12If H11a=0 go to H15 |
| H12 | How often did this happen in the past four weeks? | Rarely (1-2 times) (1)Sometimes (3-10 times) (2)Often (more than 10 times) (3) | Please press on one box only  | Go to H15 |
| H15 | In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food? | Yes (1)No (0) | Please press on one box only  | If H15=1 go to H16If H15=0 go to H17 |
| H16 | How often did this happen in the past four weeks? | Rarely (1-2 times) (1)Sometimes (3-10 times) (2)Often (more than 10times) (3) | Please press on one box only  | Go to H17 |
| H17 | In the past four weeks, did you or any household member go a whole day and night without eating anything at all because there was not enough food? | Yes (1)No (0) | Please press on one box only  | If H17=1 go to H18If H17=0 go to U1a |
| H18 | How often did this happen in the past four weeks? | Rarely (1-2 times) (1)Sometimes (3-10 times) (2)Often (more than 10 times) (3) | Please press on one box only  | Go to U1a |
|   | **Section U. Health care utilization** |   |   |   |
| Intro U1a | Now we will ask you some questions about your health related behaviour. When you are sick and want to get medical advice or treatment, how much of a problem is each of the following? |   |   |   |
| U1a | Knowing where to go | Not a problem (1)Somewhat of a problem (2)A big problem (3) | Please press on one box only  | Go to U1b |
| U1b | Getting permission to go | Not a problem (1)Somewhat of a problem (2)A big problem (3) | Please press on one box only  | Go to U1c |
| U1c | Getting money needed for treatment | Not a problem (1)Somewhat of a problem (2)A big problem (3) | Please press on one box only  | Go to U1d |
| U1d | The distance to the health facility | Not a problem (1)Somewhat of a problem (2)A big problem (3) | Please press on one box only  | Go to U1e |
| U1e | Cost of transportation to the facility | Not a problem (1)Somewhat of a problem (2)A big problem (3) | Please press on one box only  | Go to U1f |
| U1f | Not wanting to go alone | Not a problem (1)Somewhat of a problem (2)A big problem (3) | Please press on one box only  | Go to U1g |
| U1g | Concern that there might not be a female health provider | Not a problem (1)Somewhat of a problem (2)A big problem (3) | Please press on one box only  | Go to U1h |
| U1h | Concern that health providers might be unfriendly or hostile | Not a problem (1)Somewhat of a problem (2)A big problem (3) | Please press on one box only  | Go to U1j |
| U1j | Concern about the quality of care you would receive there | Not a problem (1)Somewhat of a problem (2)A big problem (3) | Please press on one box only  | Go to U1k |
| U1k | Having time to go | Not a problem (1)Somewhat of a problem (2)A big problem (3) | Please press on one box only | Go to U2 |
| U2 | In the last 12 months, have you visited a health facility for care for yourself or for your children? | Yes (1)No (0) | Please press on one box only  | Go to I1 |
|   | **Section I. Income and consumption** |   |   |   |
| I1 | Some people take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last month, have you done any of these things or any other work? | Yes (1)No (0) | Please press on one box only  | If I1=0 go to I2If I1=1, DK, REF go to I3 |
| I2 | Although you did not work in the last month, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or the seasonality of the work? | Yes (1)No (0) | Please press on one box only  | If I2=1 go to I3If I2=0 go to I5 |
| I3 | What is your occupation, that is, what kind of work do you do? | Crop farmer (1)Animal farmer (2)Housewife (3)Trader/merchant/salesperson (4)Transport worker (5)Construction worker (6)Teacher/education professional (7)Health professional/Traditional birth attendant/Traditional healer (8)Secretary/Executive secretary (9)Factory worker (10)Restaurant/Bar/Hotel Worker (11)Skilled trades (12)Preacher/pastor/clerical (13)Region/district elder (14)Domestic worker (15)Civil servant / Government (16)Other (17) | Please press on one box only  | Go to I4 |
| I4 | In the last month you worked, how much money did you take home per month? (in US dollars or local currency) | Number padWas not paid any money (0) | Please use the number pad | Go to I5 |
| I5 | Does a woman or a man make most of the important decisions in this household? | Woman (1)Man (2)Both (3) | Please press on one box only  | Go to I11 |
|  | **ONLY PROCEED IF Q4=0, majority of participants will finish survey HERE.**  |  |  |  |
|  | **Section M. Mother’s verbal autopsy** |  |  |  |
| Intro M1 | Now I will ask you some questions about your baby’s biological mother.  |  |  |  |
| M1 | Did your baby’s biological mother pass away?  | Yes (1)No (0) | Please press on one box only | If (A75=1 or A86=1) FINISHIf A75=0,DK and A86=0,DK and M1=1 go to M2If A75=0 and A86=0 and M1=0 FINISH |
| M2 | Did you live with the biological mother in the period leading to her death?  | Yes (1)No (0) | Please press on one box only | If M2=1 go to M3If M2=0 FINISH |
| Intro M3 | I know it may be difficult to talk about this, but I will ask you some questions about the events surrounding the death of your baby’s biological mother. |  |  |  |
| M3 | How old was the mother when she died? | Number padDon’t know (999) | Please use the number pad | Go to M4 |
| M4 | What was her occupation, that is, what kind of work did she mainly do? | Crop farmer (1)Animal farmer (2)Housewife (3)Trader/merchant/salesperson (4)Transport worker (5)Construction worker (6)Teacher/education professional (7)Health professional/Traditional birth attendant/Traditional healer (8)Secretary/Executive secretary (9)Factory worker (10)Restaurant/Bar/Hotel Worker (11)Skilled trader (12)Preacher/pastor/clerical (13)Region/district elder (14)Domestic worker (15)Civil servant / Government (16)Other (17)Don’t know (99) | Please press on one box only | Go to M5 |
| M5 | What is the highest level of education that the mother completed? | No schooling/ education (0)Primary school (1)Form 1 (2)Form 2 (ZJC) (3)Form 3 (4)Form 4 (O level) (5)Form 5 (6)Form 6 (A level) (7)College, certificate, degree (8)Don’t know (99) | Please press on one box only | Go to M6 |
| M6 | What was her marital situation? | Married and living with husband (1)Married but living separately for work or family reasons (2)Divorced or separated (3)Widowed (last husband died) (4)Never been married (5)Don’t know (99) | Please press on one box only | Go to M7 |
| Intro M7 | When did she die?  |  |  |  |
| M7a | Day (dd) | Number padDon’t know (999) | Please use the number pad | Go to M7b |
| M7b | Month (mm) | Number padDon’t know (999) | Please use the number pad | Go to M7c |
| M7c | Year (yyyy) | Number padDon’t know (999) | Please use the number pad | Go to M8 |
| M8 | Where did she die? | Hospital (1)Other health facility (2)Home (3)Other (4)Don’t know (9) | Please press on one box only | Go to M9a |
| Intro M9a | I would like to ask you some questions concerning previously known medical conditions the mother had; injuries and accidents that she suffered; and signs and symptoms that she had/showed when she was ill. Some of these questions may not appear to be directly related to her death.Please bear with me and answer all the questions. They will help us get a clear picture of all possible symptoms that the she had.Please tell me if the deceased suffered from any of the following illnesses: |  |  |  |
| M9a | High blood pressure? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M9b |
| M9b | Diabetes? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M9c |
| M9c | Asthma? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M9d |
| M9d | Epilepsy? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M9e |
| M9e | Malnutrition? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M9f |
| M9f | Cancer? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M9g |
| M9g | HIV/AIDS? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M9h |
| M9h | Tuberculosis? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M9h=1 go to M9jIf M9h=0,9 go to M9k |
| M9j | How long has she been suffering from tuberculosis? (in months) | Number padDon’t know (999) | Please use the number pad | Go to M9k |
| M9k | Did s/he suffer from any other medically diagnosed illness? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M10 |
| M10 | Did she suffer from any injury or accident that led to her death? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M10=1 go to M11If M10=0,9 go to M13 |
| M11 | What kind of injury or accident did she suffer? | Road traffic accident (1)Fall (2)Drowning (3)Poisoning (4)Burns (5)Violence/ assault (6)Other (7)Don’t know (9) | Please press on one box only | Go to M12 |
| M12 | Was the injury or accident intentionally inflicted by someone else? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M13 |
| M13 | Do you think that she committed suicide? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M14 |
| M14 | Did she suffer from any animal/ insect bite that led to her death? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M14=1 go to M15If M14=0,9 go to M16 |
| M15 | What type of animal or insect? | Dog (1)Snake (2)Insect (3)Other (4)Don’t know (9) | Please press on one box only | Go to M16 |
| M16 | Did she have an ulcer or swelling in the breast? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M16=1 go to M17If M16=0,9 go to M18 |
| M17 | For how long did she have an ulcer or swelling in the breast? (in months) | Number padLess than 1 month (0)Don’t know (999) | Please use the number pad | Go to M18 |
| M18 | Did she have excessive vaginal bleeding during menstrual periods? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M18=1 go to M19If M18=0,9 go to M20 |
| M19 | Within a month, for how many days did s/he have excessive vaginal bleeding during menstrual periods?  | Number padDon’t know (999) | Please use the number pad | Go to M20 |
| M20 | Did she have vaginal bleeding in between menstrual periods? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M20=1 go to M21If M20=0,9 go to M22 |
| M21 | For how long did she have vaginal bleeding in between menstrual periods? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M22 |
| M22 | Did she have abnormal vaginal discharge? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M22=1 go to M23If M22=0,9 go to M24 |
| M23 | For how long did she have abnormal vaginal discharge? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M24 |
| M24 | Was she pregnant at the time of death? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M24=1 go to M25If M24=0,9 go to M28 |
| M25 | How long was she pregnant? (in weeks) | Number padDon’t know (999) | Please use the number pad | Go to M26a |
| Intro M26a | During the last 3 months of pregnancy, did she suffer from any of the following illnesses: |  |  |  |
| M26a | Vaginal bleeding? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M26b |
| M26b | Smelly vaginal discharge? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M26c |
| M26c | Puffy face? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M26d |
| M26d | Headache? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M26e |
| M26e | Blurred vision? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M26f |
| M26f | Convulsion (sudden, violent, irregular movement of the body)? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M26g |
| M26g | Febrile illness? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M26h |
| M26h | Severe abdominal pain that was not labor pain? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M26j |
| M26j | Pallor and shortness of breath (both present)? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M26k |
| M26k | Did she suffer from any other illness? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M27 |
| M27 | Did she die during labor, but undelivered? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M27=0,9 go to M28If M27=1 go to M30 |
| M28 | Did she give birth recently? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M28=1 go to M29If M28=0,9 go to M40 |
| M29 | How many days after giving birth did she die? | Number padDon’t know (999) | Please use the number pad | Go to M30 |
| M30 | Was there excessive bleeding on the day labor started? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M31 |
| M31 | Was there excessive bleeding during labor before the delivering of the baby? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M32 |
| M32 | Was there excessive bleeding after delivering the baby? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M33 |
| M33 | Did she have difficulty in delivering the placenta? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M34 |
| M34 | Was she in labor for unusually long (more than 24 hours)? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M35 |
| M35 | Was it a normal vaginal delivery? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M35=0 go to M36If M35=1,9 go to M37 |
| M36 | What type of delivery was it? | Forceps/ vacuum (1)Caesarean section (2)Other (3)Don’t know (9) | Please press on one box only | Go to M37 |
| M37 | Did she have foul smelling vaginal discharge during delivery? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M38 |
| M38 | Where did she give birth? | Hospital (1)Other health facility (2)Home (3)Other (4)Don’t know (9) | Please press on one box only | Go to M39 |
| M39 | Who conducted the delivery? | Doctor (1)Nurse/ midwife (2)Traditional birth attendant (3)Relative (4)Mother by herself (5)Other (6)Don’t know (9) | Please press on one box only | Go to M40 |
| M40 | Did she experience an abortion recently? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M40=1 go to M41If M40=0,9 go to M47 |
| M41 | Did she die during the abortion? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M41=0 go to M42If M41=1,9 go to M44 |
| M42 | How many days before death did she have the abortion? | Number padDon’t know (999) | Please use the number pad | Go to M43 |
| M43 | How many months pregnant was she when she had the abortion? | Number padDon’t know (999) | Please use the number pad | Go to M44 |
| M44 | Did she have heavy bleeding after the abortion? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M45 |
| M45 | Did the abortion occur by itself, spontaneously? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M45=0 go to M46If M45=1,9 go to M47 |
| M46 | Did she take medicine or treatment to induce the abortion? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M47 |
| M47 | For how long was she ill before she died? (in months) | Number padLess than 1 month (0)Don’t know (999) | Please use the number pad | Go to M48 |
| M48 | Did she have a fever? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M48=1 go to M49If M48=0,9 go to M53 |
| M49 | For how long did she have a fever? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M50 |
| M50 | Was the fever continuous or on and off? | Continuous (1)On and off (2)Don’t know (9) | Please press on one box only | Go to M51 |
| M51 | Did she have fever only at night? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M52 |
| M52 | Did she have chills/ rigor? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M53 |
| M53 | Did she have a cough? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M53=1 go to M54If M53=0,9 go to M59 |
| M54 | For how long did she have a cough? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M55 |
| M55 | Was the cough severe? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M56 |
| M56 | Was the cough productive with sputum (saliva and mucus)? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M57 |
| M57 | Did she cough out blood? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M58 |
| M58 | Did she have night sweats? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M59 |
| M59 | Did she have breathlessness? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M59=1 go to M60If M59=0,9 go to M64 |
| M60 | For how long did she have breathlessness? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M61 |
| M61 | Was she unable to carry out daily routines due to breathlessness? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M62 |
| M62 | Was she breathless while lying flat? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M63 |
| M63 | Did she have wheezing (breathing with a whistling or rattling sound in the chest)? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M64 |
| M64 | Did she have chest pain? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M64=1 go to M65If M64=0,9 go to M74 |
| M65 | For how long did she have chest pain? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M66 |
| M66 | Did chest pain start suddenly or gradually? | Suddenly (1)Gradually (2)Don’t know (9) | Please press on one box only | Go to M67 |
| M67 | When she had severe chest pain, how long did it last? | Less than half an hour (1)Half an hour to 24 hours (2)Longer than 24 hours (3)Don’t know (8) | Please press on one box only | Go to M68 |
| M68 | Was the chest pain located below the breastbone (sternum)? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M69 |
| M69 | Was the chest pain over the heart and did it spread to the left arm? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M70 |
| M70 | Was the chest pain located over the ribs (sides)? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M71 |
| M71 | Was the chest pain continuous or on and off? | Continuous (1)On and off (2)Don’t know (9) | Please press on one box only | Go to M72 |
| M72 | Did the chest pain get worse while coughing? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M73 |
| M73 | Did she have palpitations? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M74 |
| M74 | Did she have diarrhea? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M74=1 go to M75If M74=0,9 go to M79 |
| M75 | For how long did she have diarrhea? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M76 |
| M76 | Was the diarrhea continuous or on and off? | Continuous (1)On and off (2)Don’t know (9) | Please press on one box only | Go to M77 |
| M77 | Was there blood in the stool at any time during the final illness? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M78 |
| M78 | When the diarrhea was most severe, how many times did she pass stool in a day? | Number padDon’t know (999) | Please use the number pad | Go to M79 |
| M79 | Did she vomit? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M79=1 go to M80If M79=0,9 go to M83 |
| M80 | For how long did she vomit? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M81 |
| M81 | Did the vomit look like a coffee-colored fluid or bright red/ blood red or some other? | Coffee-colored fluid (1)Bright red/ Blood red (2)Other (3)Don’t know (9) | Please press on one box only | Go to M82 |
| M82 | When the vomiting was most severe, how many times did she vomit in a day? | Number padDon’t know (999) | Please use the number pad | If M24=0 and M27=0 and M41=0 go to M83If M24=1 or M27=1 or M41=1 go to M92 |
| M83 | Did she have abdominal pain? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M83=1 go to M84If M83=0,9 go to M85 |
| M84 | For how long did she have abdominal pain? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M85 |
| M85 | Did she have abdominal bloating? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M85=1 go to M86If M85=0,9 go to M89 |
| M86 | For how long did she have abdominal bloating? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M87 |
| M87 | Did the bloating develop rapidly within days or gradually over months? | Rapidly within days (1)Gradually over months (2)Don’t know (9) | Please press on one box only | Go to M88 |
| M88 | Was there a period of a day or longer during which she did not pass any stool? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M89 |
| M89 | Did she have any mass in her abdomen? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M89=1 go to M90If M89=0,9 go to M92 |
| M90 | For how long did she have the mass in the abdomen? (in months) | Number padLess than 1 month (0)Don’t know (999) | Please use the number pad | Go to M91 |
| M91 | Where in the abdomen was the mass located?  | Right upper abdomen (1)Left upper abdomen (2)Lower abdomen (3)All over abdomen (4)Don’t know (9) | Please press on one box only | Go to M92 |
| M92 | Did she have difficulty or pain while swallowing solids? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M92=1 go to M93If M92=0,9 go to M94 |
| M93 | For how long did she have difficulty or pain while swallowing solids? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M94 |
| M94 | Did she have difficulty or pain while swallowing liquids? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M94=1 go to M95If M94=0,9 go to M96 |
| M95 | For how long did she have difficulty or pain while swallowing liquids? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M96 |
| M96 | Did she have headache? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M96=1 go to M97If M96=0,9 go to M99 |
| M97 | For how long did she have headache? (in months) | Number padLess than 1 month (0)Don’t know (999) | Please use the number pad | Go to M98 |
| M98 | Was the headache severe? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M99 |
| M99 | Did she have a stiff or painful neck? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M99=1 go to M100If M99=0,9 go to M101 |
| M100 | For how long did she have a stiff or painful neck? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M101 |
| M101 | Did she have mental confusion? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M101=1 go to M102If M101=0,9 go to M104 |
| M102 | For how long did she have mental confusion? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M103 |
| M103 | Did the mental confusion start suddenly, quickly within a single day, or slowly over many days? | Suddenly (1)Within a day (fast) (2)Slowly (many days) (3)Don’t know (9) | Please press on one box only | Go to M104 |
| M104 | Did she become unconscious? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M104=1 go to M105If M104=0,9 go to M107 |
| M105 | For how long was she unconscious? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M106 |
| M106 | Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days? | Suddenly (1)Within a day (fast) (2)Slowly (many days) (3)Don’t know (9) | Please press on one box only | Go to M107 |
| M107 | Did she have convulsions (sudden, violent, irregular movement of the body)? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M107=1 go to M108If M107=0,9 go to M109 |
| M108 | For how long did she have convulsions? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M109 |
| M109 | Was she unable to open the mouth? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M109=1 go to M110If M109=0,9 go to M111 |
| M110 | For how long was she unable to open her mouth? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M111 |
| M111 | Did she have stiffness of the whole body? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M111=1 go to M112If M111=0,9 go to M113 |
| M112 | For how long did she have stiffness of the whole body? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M113 |
| M113 | Did she have paralysis of one side of the body? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M113=1 go to M114If M113=0,9 go to M116 |
| M114 | For how long did she have paralysis of one side of the body? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M115 |
| M115 | Did the paralysis of one side of the body start suddenly, quickly within a single day, or slowly over many days? | Suddenly (1)Within a day (fast) (2)Slowly (many days) (3)Don’t know (9) | Please press on one box only | Go to M116 |
| M116 | Did she have paralysis of the lower limbs? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M116=1 go to M117If M116=0,9 go to M119 |
| M117 | For how long did she have paralysis of the lower limbs? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M118 |
| M118 | Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days? | Suddenly (1)Within a day (fast) (2)Slowly (many days) (3)Don’t know (9) | Please press on one box only | Go to M119 |
| M119 | Was there change in the color of urine? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M119=1 go to M120If M119=0,9 go to M121 |
| M120 | For how long did she have the change in the color of urine? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M121 |
| M121 | During the final illness did she ever pass blood in the urine? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M121=1 go to M122If M121=0,9 go to M123 |
| M122 | For how long did she pass blood in the urine? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M123 |
| M123 | Was there any change in the amount of urine she passed daily? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M123=1 go to M124If M123=0,9 go to M126 |
| M124 | For how long did she have the change in the amount of urine passed daily? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M125 |
| M125 | Did she pass too much urine, too little urine, or no urine at all? | Too much (1)Too little (2)No urine al all (3)Don’t know (9) | Please press on one box only | Go to M126 |
| M126 | During the illness that led to death, did she have any skin rash? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M126=1 go to M127If M126=0,9 go to M130 |
| M127 | For how long did she have the skin rash? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M128a |
| Intro M128a | Was the rash on: |  |  |  |
| M128a | The face? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M128b |
| M128b | The trunk? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M128c |
| M128c | The arms and legs? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M128d |
| M128d | Any other place? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M129 |
| M129 | What did the rash look like? | Measles rash (1)Rash with clear fluid (2)Rash with pus (3)Don’t know (9) | Please press on one box only | Go to M130 |
| M130 | Did she complain of burning sensation of the legs?  | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M131a |
| M131a | Did she have red eyes? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M131b |
| M131b | Did she have bleeding from the nose, mouth or anus? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M132a |
| M132a | Did she ever have shingles (herpes zoster)? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M132b |
| M132b | Did she complain of itching of the skin? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M132c |
| M132c | Did the skin become very dry and scaly/ flaky? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M133 |
| M133 | Did she have weight loss? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M133=1 go to M134If M133=0,9 go to M136 |
| M134 | For how long did she have weight loss? (in months) | Number padLess than 1 month (0)Don’t know (999) | Please use the number pad | Go to M135 |
| M135 | Did she look very thin and wasted? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M136 |
| M136 | Did she have mouth sores or white patches in the mouth or on the tongue? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M136=1 go to M137If M136=0,9 go to M138 |
| M137 | For how long did she have mouth sores or white patches in the mouth or on the tongue? (days) | Number padDon’t know (999) | Please use the number pad | Go to M138 |
| M138 | Did she have any swelling? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M138=1 go to M139If M138=0,9 go to M141 |
| M139 | For how long did she have the swelling? (days) | Number padDon’t know (999) | Please use the number pad | Go to M140 |
| Intro M140 | Was the swelling on: |  |  |  |
| M140a | The face? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M140b |
| M140b | The joints? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M140c |
| M140c | The arms? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M140d |
| M140d | The legs? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M140e |
| M140e | The whole body? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M140f |
| M140f | The vagina? (swelling growing out of the vagina) | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M140g |
| M140g | Any other place? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M141 |
| M141 | Did she have any lumps? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M141=1 go to M142If M141=0,9 go to M144 |
| M142 | For how long did she have the lumps? (months) | Number padLess than 1 month (0)Don’t know (999) | Please use the number pad | Go to M143 |
| Intro M143 | Were the lumps on: |  |  |  |
| M143a | The neck? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M143b |
| M143b | The armpit? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M143c |
| M143c | The groin? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M143d |
| M140d | Any other place? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M144 |
| M144  | Did she have yellow discoloration of the eyes? (days) | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M144=1 go to M144If M144=0,9 go to M146 |
| M145 | For how long did she have yellow discoloration of the eyes? (days) | Number padDon’t know (999) | Please use the number pad | Go to M146a |
| M146a  | Did she look pale (thinning/ lack of blood) or have pale palms, eyes or nail beds? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M146a=1 go to M146bIf M146a=0,9 go to M147 |
| M146b | For how long did she look pale or have pale palms, eyes or nail beds? (days) | Number padDon’t know (999) | Please use the number pad | Go to M147 |
| M147 | Did the colour of her hair change? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M148 |
| M148 | Did she have an ulcer, abscess, or sore anywhere on the body? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M148=1 go to M149If M148=0,9 go to M150 |
| M149 | For how long did she have the ulcer, abscess, or sore? (days) | Number padDon’t know (999) | Please use the number pad | Go to M150 |
| M150 | Did she receive any treatment for the illness that led to death? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M150=1 go to M151aIf M150=0,9 go to M152 |
| Intro M151a | What type of treatment did she receive? |  |  |  |
| M151a | Oral rehydration salts and/or intravenous fluids (drip) treatment? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M151b |
| M151b | Blood transfusion? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M151c |
| M151c | Treatment/ food through a tube passed through the nose? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M151d |
| M151d | Any other treatment? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M152 |
| M152 | Did she have any operation for the illness? | Yes (1)No (0)Don’t know (9) | Please press on one box only | If M152=1 go to M153If M152=0,9 go to M155 |
| M153 | How long before death did she have the operation? (in days) | Number padDon’t know (999) | Please use the number pad | Go to M154a |
| M154 | On what part of the body was the operation? | Abdomen (1)Chest (2)Head (3)Other (4)Don’t know (9) | Please press on one box only | Go to M155 |
| M155 | During her lifetime, did the mother usually drink a lot of alcohol? | Yes (1)No (0)Don’t know (9) | Please press on one box only | Go to M156 |
| M156 | Do you have the mother’s death certificate? | Yes (1)No (0) | Please press on one box only | If M156=1 go to M157If M156=0 SAVE INTERVIEW AND FILL IN THE GREEN COLOR PAPER. |
| M157 | Can I see the death certificate? | Yes (1)No (0) | Please press on one box only | SAVE INTERVIEW AND FILL IN THE GREEN COLOR PAPER. |
|  | **ONLY IF Q3=0 and A5b<>1 and A84<>1 and C19a<>1 and (A5a-Q1)<29 days go to V1. Majority of participants will NOT proceed.** |  |  |  |
|  | **Section V. Infant’s verbal autopsy (infant less than 4 weeks)** |  |  |  |
| V1 | Did you live with the baby in the period leading to her/his death? | Yes (1)No (0) | Please press on one box only | If V1=1 go to V2If V1=0 FINISH |
| Intro V2 | I know it may be difficult to talk about this, but I will ask you some questions about the events surrounding the death of your baby. |  |  |  |
| V2 | Where did s/he die? | Hospital (1)Other health facility (2)Home (3)Other (4)Don’t know (8) | Please press on one box only | Go to V7a |
| Intro V7a | I would like to ask you some questions concerning yourself and symptoms that the baby had at birth and shortly after. Some of these questions may not appear to be directly related to the baby’s death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the baby had. |  |  |  |
| Intro V7a | During the pregnancy did you suffer from any of the following illnesses: |  |  |  |
| V7a | High blood pressure? | Yes (1)No (0)Don’t know (8) | Please press on one box only | Go to V7b  |
| V7b | Heart disease? | Yes (1)No (0)Don’t know (8) | Please press on one box only | Go to V7c |
| V7c | Diabetes? | Yes (1)No (0)Don’t know (8) | Please press on one box only | Go to V7d |
| V7d | Epilepsy/convulsion (sudden, violent, irregular movement of the body)? | Yes (1)No (0)Don’t know (8) | Please press on one box only | Go to V7e |
| V7e | Any other medically diagnosed illness? | Yes (1)No (0)Don’t know (8) | Please press on one box only | Go to V8a |
| Intro V8a | During the last 3 months of pregnancy did you suffer from any of the following illnesses: |  |  |  |
| V8a | Vaginal bleeding? | Yes (1)No (0)Don’t know (8) | Please press on one box only | Go to V8b |
| V8b | Smelly vaginal discharge? | Yes (1)No (0)Don’t know (8) | Please press on one box only | Go to V8c |
| V8c | Puffy face? | Yes (1)No (0)Don’t know (8) | Please press on one box only | Go to V8d |
| V8d | Headache? | Yes (1)No (0)Don’t know (8) | Please press on one box only | Go to V8e |
| V8e | Blurred vision? | Yes (1)No (0)Don’t know (8) | Please press on one box only | Go to V8f |
| V8f | Convulsion (sudden, violent, irregular movement of the body)? | Yes (1)No (0)Don’t know (8) | Please press on one box only | Go to V8g |
| V8g | Febrile illness? | Yes (1)No (0)Don’t know (8) | Please press on one box only | Go to V8h |
| V8h | Severe abdominal pain that was not labour pain? | Yes (1)No (0)Don’t know (8) | Please press on one box only | Go to V8j |
| V8j | Pallor and shortness of breath (both present)? | Yes (1)No (0)Don’t know (8) | Please press on one box only | Go to V8k |
| V8k | Other | Yes (1)No (0)Don’t know (8) | Please press on one box only | Go to V9 |
| V9 | Was the baby a single or multiple birth? | Singleton (1)Twin (2)Triplet or more (3)Don’t know (8) | Please press on one box only | If V9=1,8 go to V10If V9=2,3 go to V11 |
| V10 | What was the birth order of the child that died? | First (1)Second (2)Third or higher (3) | Please press on one box only | Go to V11 |
| V11 | When did the water break? | Before labor started (1)During labor (2)Don’t remember (8) | Please press on one box only | Go to V12 |
| V12 | How many hours after the water broke was the baby born? | Less than 24 hours (1)24 hours or more (2)Don’t remember (8) | Please press on one box only | Go to V13 |
| V13 | Was the water foul smelling? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to V14 |
| V14 | Did the baby stop moving in the womb? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | If V14=1 go to V15If V14=0,8 go to V16 |
| V15 | When did the baby stop moving in the womb? | Before labor started (1)During labor (2)Don’t know/ don’t remember (8) | Please press on one box only | Go to V16 |
| V16 | Did the birth attendant listen for fetal heart sounds during labor? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | If V16=1 go to V17If V16=0,8 go to V18 |
| V17 | Were fetal heart sounds present? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to V18 |
| V18 | Was there excess bleeding on the day labor started? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to V19 |
| V19 | Did you have a fever on the day labor started? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to V20 |
| V20 | How long did the labor pains last? | Less than 12 hours (1)12-23 hours (2)24 hours or more (3)Don’t remember (8) | Please press on one box only | Go to V21 |
| V21 | Was it a normal vaginal delivery? | Yes (1)No (0)Don’t know (8) | Please press on one box only | If V21=1 go to V22If V21=0,8 go to V23 |
| V22 | What type of delivery was it? | Forceps/vacuum (1)Caesarean section (2)Other (3)Don’t know (8) | Please press on one box only  | Go to V23 |
| V23 | Which part of the baby came first? | Head (1)Bottom (2)Feet (3)Arm/hand (4)Other (6)Don’t know/ don’t remember (8) | Please press on one box only  | Go to V24 |
| V24 | Did the umbilical cord come out before the baby was born? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to V25 |
| Intro V25 | Now I will ask you a few questions about the baby soon after the birth. |  |  |  |
| V25 | What was the size of the baby at birth? | Smaller than normal (1)Normal (2)Larger than normal (3)Don’t know/ don’t remember (8) | Please press on one box only | Go to V26 |
| V26 | Was the baby premature? | Yes (1)No (0)Don’t know (8) | Please press on one box only | If V26=1 go to V27If V26=0,8 go to V28 |
| V27 | How many weeks along was the pregnancy?  | Number padDon’t remember (88) | Please use the number pad | Go to V28 |
| V28 | What was the birth weight of the baby? (in kilograms)  | Number padDon’t remember (88) | Please use the number pad | Go to V29 |
| V29 | Was anything applied to the umbilical cord stump after birth?  | Yes (1)No (0)Don’t know/ don’t remember (8)  | Please press on one box only | Go to V30 |
| V30 | Were there any signs of injury or broken bones? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to V31 |
| V31 | Was there any sign of paralysis? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to V32 |
| V32 | Did the baby have any malformation? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | If V32=1 go to V33If V32=0,8 go to V34 |
| V33 | What kind of malformation did the baby have? | Swelling/defect on back (1)Very large head (2)Very small head (3)Defect of lip and/or palate (4)Other malformation (6)Don’t know/ don’t remember (8) | Please press on one box only  | Go to V34 |
| V34 | What was the color of the baby at birth? | Normal (1)Pale (2)Blue (3)Don’t know/ don’t remember (8) | Please press on one box only | Go to V35 |
| V35 | Was the baby given assistance to breathe? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to V41 |
| Intro V41 | Now I will ask you about any injuries or accidents your baby may have had. |  |  |  |
| V41 | Did the baby suffer from any injury or accident that led to her/his death? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | If V41=1 go to V42If V41=0,8 go to V44 |
| V42 | What kind of injury or accident did the baby suffer? | Road traffic accident (1) Fall (2) Drowning (3) Poisoning (4) Burns (5) Violence/Assault (6) Other (7) Don’t know/ don’t remember (8) | Please press on one box only | Go to V43 |
| V43 | Was the injury or accident intentionally inflicted by someone else? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to V44 |
| V44 | Did the baby suffer from any animal or insect bite that led to her/his death? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | If V44=1 go to V45If V44=0,8 go to V46 |
| V45 | What type of animal or insect? | Dog (1)Snake (2)Insect (3)Other (4)Don’t know/ don’t remember (8) | Please press on one box only | Go to V46 |
| Intro V46 | Now I will ask you about various illnesses your baby may have had soon after the birth. |  |  |  |
| V46 | Was the baby ever able to suckle or bottle-feed? | Yes (1)No (0)Don’t know (8) | Please press on one box only | If V46=1 go to V47If V46=0,8 go to V50 |
| V47 | How soon after birth did the baby suckle or bottle-feed? | Number padLess than 1 day (0)Don’t remember (8) | Please use the number pad | Go to V48 |
| V48 | Did the baby stop suckling or bottle-feeding? | Yes (1)No (0)Don’t know (8) | Please press on one box only | If V48=1 go to V49If V48=0,8 go to V50 |
| V49 | How many days after birth did the baby stop suckling or bottle-feeding? | Number padDon’t remember (88) | Please use the number pad | Go to V50 |
| V50 | Was the breastfeeding exclusive? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V51 |
| V51 | Did the baby have convulsions (sudden, violent, irregular movement of the body)? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If V51=1 go to V52If V51=0,8 go to V53 |
| V52 | How soon after the birth did the convulsions start? (in days) | Number padDon’t remember (88) | Please use the number pad | Go to V53 |
| V53 | Did the baby become stiff and arched backwards?  | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V54 |
| V54 | Did the child have bulging of the fontanelle (a space between the bones of the skull)? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If V54=1 go to V55If V55=0,8 go to V56 |
| V55 | How many days after birth did the baby have the bulging? | Number padDon’t remember (88) | Please use the number pad | Go to V56 |
| V56 | Did the baby become unresponsive or unconscious? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If V56=1 go to V57If V56=0,8 go to V58 |
| V57 | How many days after birth did the baby become unresponsive or unconscious?' | Number padDon’t remember (88) | Please use the number pad | Go to V58 |
| V58 | Did the baby have a fever? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If V58=1 go to V59If V58=0,8 go to V60 |
| V59 | How many days after birth did the baby have a fever? | Number padDon’t remember (88) | Please use the number pad | Go to V60 |
| V60 | Did the baby become cold to the touch? | Yes (1)No (0)Don’t know (8) | Please press on one box only | If V60=1 go to V61If V60=0,8 go to V62 |
| V61 | How many days after birth did the baby become cold to the touch? | Number padDon’t remember (88) | Please use the number pad | Go to V62 |
| V62 | Did the baby have a cough? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If V62=1 go to V63If V62=0,8 go to V64 |
| V63 | How many days after birth did the baby start to cough? | Number padDon’t remember (88) | Please use the number pad | Go to V64 |
| V64 | Did the baby have fast breathing? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If V64=1 go to V65If V64=0,8 go to V66 |
| V65 | How many days after birth did the baby start breathing fast? | Number padDon’t remember (88) | Please use the number pad | Go to V66 |
| V66 | Did the baby have difficulty breathing? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If V66=1 go to V67If V66=0,8 go to V68 |
| V67 | How many days after birth did the baby start having difficulty in breathing? | Number padDon’t remember (88) | Please use the number pad | Go to V68 |
| V68 | Did the baby have chest indrawing (the lower ribs on both sides of the chest pulling inwards when the child was breathing in)? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V69 |
| V69 | Did the baby have grunting (short, deep, hoarse sounds)? [DEMONSTRATE] | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V70 |
| V70 | Did the baby have flaring of the nostrils? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V71 |
| V71 | Did the baby have diarrhoea? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If V71=1 go to V72If V71=0,8 go to V75 |
| V72 | How many days after birth did the baby have diarrhoea? | Number padDon’t remember (88) | Please use the number pad | Go to V73 |
| V73 | When the diarrhoea was most severe, how many times did the baby pass stools in a day? | Number padDon’t remember (88) | Please use the number pad | Go to V74 |
| V74 | Was there blood in the stools? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V75 |
| V75 | Did the baby have vomiting? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If V75=1 go to V76If V75=0,8 go to V78 |
| V76 | How many days after birth did vomiting start? | Number padDon’t remember (88) | Please use the number pad | Go to V77 |
| V77 | When the vomiting was most severe, how many times did the baby vomit in a day? | Number padDon’t remember (88) | Please use the number pad | Go to V78 |
| V78 | Did the baby have abdominal distension (bloating)? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If V78=1 go to V79If V78=0,8 go to V80 |
| V79 | How many days after birth did the baby have abdominal distension? | Number padDon’t remember (8) | Please use the number pad | Go to V80 |
| V80 | Did the baby have redness or discharge from the umbilical cord stump? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V81 |
| V81 | Did the baby have a pustular skin rash (small blisters or pimples containing pus)? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V82 |
| V82 | Did the baby have yellow palms or soles? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If V82=1 go to V83If V82=0,8 go to V85 |
| V83 | How many days after birth did the yellow palms or soles begin? | Number padDon’t remember (88) | Please use the number pad | Go to V84 |
| V84 | For how many days did the baby have yellow palms or soles? | Number padDon’t remember (88) | Please use the number pad | Go to V85 |
| Intro V85 | Now I will ask you a few questions about your health. |  |  |  |
| V85 | Did you receive tetanus toxoid (TT) vaccine? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | If V85=1 go to V86If V86=0,8 go to V87 |
| V86 | How many doses? | Number padDon’t know/ don’t remember (8)  | Please use the number pad | Go to V87 |
| V87 | How is your health now? | Healthy (1)Ill (2)  | Please press on one box only | Go to V88 |
| Intro V88 | Now I will ask you some questions about the health services you may have accessed for your baby.  |  |  |  |
| V88 | Did the baby receive any treatment for the illness that led to her/his death?  | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If V88=1 go to V89aIf V88=0,9 go to V91 |
| Intro V89a | Please tell me at which of the following places or facilities the baby received treatment during the illness that led to death: |  |  |  |
| V89a | Home? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V89b |
| V89b | Traditional healer? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V89c |
| V89c | Government clinic? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V89d |
| V89d | Government hospital? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V89e |
| V89e | Private clinic? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V89f |
| V89f | Private hospital? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V89g |
| V89g | Pharmacy, drug seller, store? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V89h |
| V89h | Any other place or facility? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to V90 |
| V90 | In the month before death, how many contacts with formal health services did the baby have? | Number padDon’t remember (8) | Please use the number pad | Go to V91 |
| V91 | Do you have a death certificate for the baby? | Yes (1)No (0) | Please press on one box only | If V91=1 go to V92If V91=0 SAVE INTERVIEW AND FILL IN THE PINK COLOR PAPER. |
| V92 | Can I see the death certificate? | Yes (1)No (0) | Please press on one box only | SAVE INTERVIEW AND FILL IN THE PINK COLOR PAPER. |
|  | **ONLY IF Q3=0 and A5b<>1 and A84<>1 and C19a<>1 and (A5a-Q1)>28 days go to W1. Majority of participants will NOT proceed.** |  |  |  |
|  | **Section W. Infant’s verbal autopsy (infant over 4 weeks)** |  |  |  |
| W1 | Did you live with the baby in the period leading to her/his death? | Yes (1)No (0) | Please press on one box only | If W1=1 go to W2If W1=0 FINISH |
| Intro W2 | I would like to ask you some questions concerning yourself and symptoms that the baby had at birth and shortly after. Some of these questions may not appear to be directly related to the baby’s death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the baby had. |  |  |  |
| W2 | Where did s/he die? | Hospital (1)Other health facility (2)Home (3)Other (4)Don’t remember (8) | Please press on one box only | Go to W3a |
| Intro W3a | Please tell me if the baby suffered from any of the following illnesses: |  |  |  |
| W3a | Heart disease? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to W3b |
| W3b | Diabetes? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to W3c |
| W3c | Asthma? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to W3d |
| W3d | Epilepsy? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to W3e |
| W3e | Malnutrition? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to W3f |
| W3f | Cancer? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to W3g |
| W3g | Tuberculosis? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to W3h |
| W3h | HIV/AIDS? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to W3j |
| W3j | Any other medically diagnosed illness? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only. | Go to W4 |
| Intro W4 | Now I will ask you a few questions about any injuries or accidents your baby may have had. |  |  |  |
| W4 | Did s/he suffer from any injury or accident that led to her/his death? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W4=1 go to W5If W4=0,8 go to W7 |
| W5 | What kind of injury or accident did the baby suffer? | Road traffic accident (1)Fall (2)Drowning (3)Poisoning (4)Burns (5)Violence/Assault (6)Other (7) | Please press on one box only | Go to W6 |
| W6 | Was the injury or accident intentionally inflicted by someone else? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to W7 |
| W7 | Did the s/he suffer from any animal or insect bite that led to her/his death? | Yes (1)No (0)Don’t know (8) | Please press on one box only | If W7=1 go to W8If W7=0,8 go to W9 |
| W8 | What type of animal or insect? | Dog (1)Snake (2)Insect (3)Other (4)Don’t know/ don’t remember (8) | Please press on one box only | If A5-Q1=1 year or under go to W9If A5-Q1>1 year go to W15 |
| Intro W9 | Now I will ask you some questions about any symptoms the baby may have had during his/her final illness. |  |  |  |
| W9 | Was the child small at birth? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W10 |
| W10 | Was the child born prematurely? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | If W10=1 go to W11If W10=0,8 go to W12 |
| W11 | How many weeks premature? | Number padDon’t remember (88) | Please use the number pad | Go to W12 |
| W12 | Was the child growing normally? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to W13 |
| W13 | Did the child have bulging of the fontanelle (a space between the bones of the skull)? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W13=1 go to W14If W13=0,8 go to W15 |
| W14 | For how many days before death did s/he have the bulging? | Number padDon’t remember (888) | Please use the number pad | Go to W15 |
| W15 | How is your health now? | Healthy (1)Ill (2) | Please press on one box only | Go to W16 |
| W16 | For how long was the child ill before s/he died? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W17 |
| W17 | Did s/he have a fever? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W17=1 go to W18If W17=0,8 go to W21 |
| W18 | For how long did s/he have a fever? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W19 |
| W19 | Was the fever severe? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | Go to W20 |
| W20 | Was the fever continuous or on and off? | Continuous (1)On and off (2)Don’t remember (8) | Please press on one box only | Go to W21 |
| W21 | Did s/he have chills/rigor? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W22 |
| W22 | Did s/he have a cough? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W22=1 go to W23If W23=0,8 go to W26 |
| W23 | For how long did s/he have a cough? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W24 |
| W24 | Was the cough severe? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W25 |
| W25 | Did the child vomit after s/he coughed? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W26 |
| W26 | Did s/he have fast breathing? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W26=1 go to W27If W26=0,8 go to W32 |
| W27 | For how long did s/he have fast breathing? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W28 |
| W28 | Did s/he have difficulty in breathing? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W28=1 go to W29If W28=0,8 go to W34 |
| W29 | For how long did s/he have difficulty in breathing? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W30 |
| W30 | Did s/he have chest indrawing (the lower ribs on both sides of the chest pulling inwards when the child was breathing in)? | Yes (1)No (0)Don’t know/ don’t remember (8) | Please press on one box only | If W30=1 go to W31If W30=0,8 go to W32 |
| W31 | For how long did s/he have chest indrawing? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W32 |
| W32 | Did s/he have noisy breathing (grunting or wheezing)? [DEMONSTRATE] | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W33 |
| W33 | Did s/he have flaring of the nostrils? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W34 |
| W34 | Did s/he have diarrhoea? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W34=1 go to W35If W34=0,8 go to W38 |
| W35 | For how long did s/he have diarrhoea? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W36 |
| W36 | When the diarrhoea was most severe, how many times did s/he pass stool in a day? | Number padDon’t remember (88) | Please use the number pad | Go to W37 |
| W37 | At any time during the final illness was there blood in the stool? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W38 |
| W38 | Did s/he vomit? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W38=1 go to W39If W38=0,8 go to W41 |
| W39 | For how long did s/he vomit? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W40 |
| W40 | When the vomiting was most severe, how many times did s/he vomit in a day? | Number padDon’t remember (88) | Please use the number pad | Go to W41 |
| W41 | Did s/he have abdominal pain? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W41=1 go to W42If W41=0,8 go to W44 |
| W42 | For how long did s/he have abdominal pain? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W43 |
| W43 | Was the abdominal pain severe? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W44 |
| W44 | Did s/he have abdominal distension (bloating)? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W44=1 go to W45If W44=0,8 go to W48 |
| W45 | For how long did s/he have abdominal distension? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W46 |
| W46 | Did the distension develop rapidly within days or gradually over months? | Rapidly within days (1)Gradually over months (2)Don’t remember (8) | Please press on one box only | Go to W47 |
| W47 | Was there a period of a day or longer during which s/he did not pass any stool? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W48 |
| W48 | Did s/he have any mass in the abdomen? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W48=1 go to W49If W48=0,8 go to W50 |
| W49 | For how long did s/he have the mass in the abdomen? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W50 |
| W50 | Did s/he have headache? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W50=1 go to W51If W50=0,8 go to W53 |
| W51 | For how long did s/he have headache? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W52 |
| W52 | Was the headache severe? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W53 |
| W53 | Did s/he have a stiff or painful neck? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W53=1 go to W54If W53=0,8 go to W55 |
| W54 | For how long did s/he have a stiff or painful neck? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W55 |
| W55 | Did s/he become unconscious? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W55=1 go to W56If W55=0,8 go to W58 |
| W56 | For how long was s/he unconscious? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W57 |
| W57 | Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days? | Suddenly (1)Fast (in a day) (2)Slowly (many days) (3)Don’t remember (8) | Please press on one box only | Go to W58 |
| W58 | Did s/he have convulsions (sudden, violent, irregular movement of the body)? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W58=1 go to W59If W58=0,8 go to W60 |
| W59 | For how long did s/he have convulsions? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W60 |
| W60 | Did s/he have paralysis of the lower limbs? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W60=1 go to W61If W60=0,8 go to W63 |
| W61 | How long did s/he have paralysis of the lower limbs? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W62 |
| W62 | Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days? | Suddenly (1)Fast (in a day) (2)Slowly (many days) (3)Don’t remember (8) | Please press on one box only | Go to W63 |
| W63 | Was there any change in the amount of urine s/he passed daily? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W63=1 go to W64If W63=0,8 go to W66 |
| W64 | For how long did s/he have the change in the amount of urine s/he passed daily? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W65 |
| W65 | How much urine did s/he pass? | Too much (1)Too little (2)No urine at all (3)Don’t remember (8) | Please press on one box only | Go to W66 |
| W66 | During the illness that led to death, did s/he have any skin rash? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W66=1 go to W67If W66=0,8 go to W70 |
| W67 | For how long did s/he have the skin rash? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W68a |
| Intro W68a | Was the rash located on: |  |  |  |
| W68a | The face? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W68b |
| W68b | The trunk? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W68c |
| W68c | On the arms and legs? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W69 |
| W69 | What did the rash look like? | Measles rash (1)Rash with clear fluid (2)Rash with pus (3)Don’t remember (8) | Please press on one box only | Go to W70 |
| W70 | Did s/he have red eyes? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W71 |
| W71 | Did s/he have bleeding from the nose, mouth, or anus? | Yes (1)No (0) Don’t remember (8) | Please press on one box only | Go to W72 |
| W72 | Did s/he have weight loss? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W72=1 go to W73If W72=0,8 go to W75 |
| W73 | For how long before death did s/he have the weight loss? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W74 |
| W74 | Did s/he look very thin and wasted? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W75 |
| W75 | Did s/he have mouth sores or white patches in the mouth or on the tongue? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W75=1 go to W76If W75=0,8 go to W77 |
| W76 | For how long did s/he have mouth sores or white patches in the mouth or on the tongue? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W77 |
| W77 | Did s/he have any swelling? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W77=1 go to W78If W77=0,8 go to W80 |
| W78 | For how long did s/he have the swelling? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W79a |
| Intro W79a | Was the swelling on: |  |  |  |
| W79a | The face? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W79b |
| W79b | The joints? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W79c |
| W79c | The ankles? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W79d |
| W79d | The whole body? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W79e |
| W79e | Any other place? | Yes (1)No (0)Don’t remember (8) | Please press on one box only  | Go to W80 |
| W80 | Did s/he have any lumps? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W80=1 go to W81If W80=0,8 go to W83 |
| W81 | For how long did s/he have the lumps? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W82a |
| Intro W82a | Were the lumps on: |  |  |  |
| W82a | The neck? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W82b |
| W82b | The armpit? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W82c |
| W82c | The groin? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W82d |
| W82d | Any other place? | Yes (1)No (0)Don’t remember (8) | Please press on one box only  | Go to W83 |
| W83 | Did s/he have yellow discoloration of the eyes? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W83=1 go to W84If W83=0,8 go to W85 |
| W84 | For how long did s/he have the yellow discoloration of the eyes? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W85 |
| W85 | Did her/his hair color change to reddish or yellowish? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W85=1 go to W86If W85=0,8 go to W87 |
| W86 | For how long did s/he have reddish/yellowish hair? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W87 |
| W87 | Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W87=1 go to W88If W87=0,8 go to W89 |
| W88 | For how long did s/he look pale (thinning/lack of blood) or have pale palms, eyes, or nail beds? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W89 |
| W89 | Did s/he have sunken eyes? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W89=1 go to W90If W89=0,8 go to W91 |
| W90 | For how long did s/he have sunken eyes? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W91 |
| Intro W91 | Now I will ask you some questions about the health services you asked for your baby’s final illness. |  |  |  |
| W91 | Was s/he vaccinated for measles? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W92 |
| W92 | Did s/he receive any treatment for the illness that led to death? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W92=1 go to W93aIf W92=0,8 go to W96 |
| Intro W93a | What type of treatment did s/he receive: |  |  |  |
| W93a | Oral rehydration salts and/or intravenous fluids (drip) treatment? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W93b |
| W93b | Blood transfusion? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W93c |
| W93c | Treatment/food through a tube passed through the nose? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W93d |
| W93d | Any other treatment? | Yes (1)No (0)Don’t remember (8) | Please press on one box only  | Go to W94a |
| Intro W94a | Please tell me at which of the following places/facilities s/he received treatment during the illness that led to death: |  |  |  |
| W94a | Home? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W94b |
| W94b | Traditional healer? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W94c |
| W94c | Government clinic? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W94d |
| W94d | Government hospital? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W94e |
| W94e | Private clinic? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W94f |
| W94f | Private hospital? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W94g |
| W94g | Pharmacy, drug seller, store? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W94h |
| W94h | Any other place or facility? | Yes(1)No (0)Don’t remember (8) | Please press on one box only  | Go to W95 |
| W95 | In the month before death, how many contacts with formal health services did s/he have? | Number padDon’t remember (888) | Please use the number pad | Go to W96 |
| W96 | Did a health care worker tell you the cause of death? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | Go to W97 |
| W97 | Did s/he have any operation for the illness? | Yes (1)No (0)Don’t remember (8) | Please press on one box only | If W97=1 go to W98If W97=0,8 go to W100 |
| W98 | How long before death did s/he have the operation? (in days) | Number padDon’t remember (888) | Please use the number pad | Go to W99 |
| W99 | On what part of the body was the operation? | Abdomen (1)Chest (2)Head (3)Other (4)Don’t remember (8) | Please press on one box only | Go to W100 |
| W100 | Do you have a death certificate for the baby? | Yes (1)No (0) | Please press on one box only | If W100=1 go to W101If W100=0,8 SAVE INTERVIEW AND FILL IN THE PINK COLOR PAPER. |
| W101 | Can I see the death certificate? | Yes (1)No (0) | Please press on one box only | SAVE INTERVIEW AND FILL IN THE PINK COLOR PAPER.  |