



WORLD HEALTH SURVEY

2002

B - Individual Questionnaire

Rotation - A

World Health Organization, Evidence and Information for Policy

WORLD HEALTH SURVEY 2002

5000. Mortality

Time Begin: ___ : ___

Section A - Birth History (Women only)

These questions are to be asked of all women respondents of reproductive (18-49) yrs age.

CHECK SEX: Female CONTINUE.....Male GO TO SECTION 5100

CHECK AGE: Aged between 18 – 49 GO TO 5000.....Aged 50 or over GO TO SECTION 5100

Q5000	Now, I would like to ask you about all the births you have had during your life. Have you ever given birth?	1. Yes								5. No								If No: Go to Q5100
		a. Child 1		b. Child 2		c. Child 3		d. Child 4		e. Child 5		f. Child 6		g. Child 7		h. Child 8		
Q5001	Name																	
Q5002	Month / Year of Birth (eg. Feb -02) AFTER RECORDING THE INFORMATION ABOUT ALL BIRTHS, UNDERLINE THE LAST BIRTH AND THE NAME OF THE CHILD																	
Q5003	Sex	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
Q5004	Whether alive	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	
Q5005	a) Current age in Years: <i>Use Years for children older than 5 years and adults</i>	YY:		YY:		YY:		YY:		YY:		YY:		YY:		YY:		
	b) Current age in Months: <i>Use Months for children between 2 months and 5 years of age</i>	MM:		MM:		MM:		MM:		MM:		MM:		MM:		MM:		
	c) Current age in Days: <i>Use Days for infants below 2 months of age</i>	DD:		DD:		DD:		DD:		DD:		DD:		DD:		DD:		

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	a. Child 1		b. Child 2		c. Child 3		d. Child 4		e. Child 5		f. Child 6		g. Child 7		h. Child 8	
Q5006	Is the child currently <u>living with you</u> ?															
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5007	Month / Year of <u>death</u>															
Q5008	a) <u>Age at death in: Days</u>															
	DD:		DD:		DD:		DD:		DD:		DD:		DD:		DD:	
	<i>Use Days for infants below 2 months of age</i>															
Q5008	b) <u>Age at death in: Months</u>															
	MM:		MM:		MM:		MM:		MM:		MM:		MM:		MM:	
	<i>Use Months for children between 2 months and 5 years of age</i>															
Q5008	c) <u>Age at death in: Years</u>															
	YY:		YY:		YY:		YY:		YY:		YY:		YY:		YY:	
	<i>Use Years for children older than 5 years and adults</i>															
Q5009	<u>Did s/he have fever?</u>															
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5010	<u>Was the fever continuous (1) or on and off (5)?</u>															
	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5011	<u>Was the fever associated with chills/shivering?</u>															
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5012	<u>Did s/he have convulsions or fits?</u>															
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5013	<u>Was the child unconscious for more than a day during the illness that led to death?</u>															
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5014	<u>Did s/he have a stiff neck?</u>															
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5015	<u>Did s/he have a cough?</u>															
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5

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	a. Child 1		b. Child 2		c. Child 3		d. Child 4		e. Child 5		f. Child 6		g. Child 7		h. Child 8	
Q5016	If yes, was it (1) dry, (2) productive, (3) with blood, (4) or unknown ?															
Q5017	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5018	Did s/he have in drawing of the chest while breathing?															
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5019	Did s/he have diarrhea?															
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5020	Was there visible blood in the stools?															
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5

Complete columns for all children.

Section B: Assessment of Adult Mortality

B 1 : Sibling Survivorship To be asked of primary respondent. See explanatory notes in training manual.

Q5100	<i>Please write line number from Household roster, using numbers between 0400 and 0413. Line number</i>	_____
Q5101	How many children did your mother give birth to, including you ? No. of births to natural mother:	_____
Q5102	How many births did your mother have before you were born? No. of preceding births:	_____
Q5103	How many births did your mother have after you were born? No. of succeeding births:	_____

Interviewer: Include all siblings (e. g. step siblings, born to the same mother). Check sum of Q5102 and Q5103 and ensure equality with (Q5101 minus 1).

INTERVIEWER: IN THE FOLLOWING QUESTION MARK RESPONDENT BY PUTTING IN Q5107 THE VALUE OF ZERO

Now I would like you to list for me details of all your siblings form oldest to youngest (including yourself)

Complete columns for all siblings.

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	If 2 or more births, continue here, <u>starting with eldest child</u>	a. Sibling 1		b. Sibling 2		c. Sibling 3		d. Sibling 4		e. Sibling 5		f. Sibling 6		g. Sibling 7		h. Sibling 8	
Q5104	Name																
Q5105	Sex	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
Q5106	Month/ Year of <u>birth</u> , e.g. Feb-02																
Q5107	What is the <u>age difference</u> (in years) between you and [NAME]?																
Q5108	Is [NAME] still <u>alive</u> ?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5109	How often are you in contact with [NAME] in person, by phone, mail or other means of communication? 1. Weekly 2. Monthly 3. Yearly 4. Every 2-3 years 5. Every 3 years or more																
Q5110	If YES to 5108, <u>how old</u> is [NAME]?																
Q5111	If NO to 5108, <u>how old</u> was [NAME] when died?																
Q5112	<u>How many years ago</u> did [NAME] die?																
Q5113	Is [NAME] currently living / did [NAME] before s/he died live in? 1. Private dwelling / house 2. Military establishment 3. Hospital 4. Nursing home 5. Other institution 8. DK																

Verbal Autopsy

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For each sibling death recorded in Section B-1, answer the following questions.

Complete columns for all siblings.

		a. Sibling 1		b. Sibling 2		c. Sibling 3		d. Sibling 4		e. Sibling 5		f. Sibling 6		g. Sibling 7		h. Sibling 8		
Q	Question	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	
Q5200	If deceased, a woman aged 15-49, was she <u>pregnant when she died</u> ?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Q5201	If deceased, a woman aged 15-49 did she <u>die during childbirth</u> ?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Q5202	If deceased, a woman aged 15-49 did she <u>die within 2 months</u> after the end of pregnancy or childbirth?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Q5203	Was the death <u>associated with injury</u> ?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	If No, Go to Q5207
Q5204	Was it due to 1. Accident 2. Suicide 3. Murder 4. War 5. Natural disaster																	

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a. Sibling 1	b. Sibling 2	c. Sibling 3	d. Sibling 4	e. Sibling 5	f. Sibling 6	g. Sibling 7	h. Sibling 8
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Q5205	<p>Provide details of events that <u>led to the injury</u>.</p> <p>What was the mechanism or <u>cause of injury</u>?</p> <ol style="list-style-type: none"> 1. Motor vehicle 2. Pedestrian-vehicle crash 3. Motorcycle 4. Pedal cycle 5. Fall 6. Gunshot, firearm related 7. Landmine / bomblast 8. Stab / cut / pierce 9. Fire / burn 10. Poisoning 11. Near drowning / drowning / submersion 12. Other mechanism / cause of injury 						
Q5206	<p>Where did the <u>injury occur</u>?</p> <ol style="list-style-type: none"> 1. Home 2. School 3. Street/highway 4. Parking lot 5. Trade and service areas (shop, bank, etc.) 6. Farm 7. River/lake/stream/ocean 8. Industrial/construction area 9. Other public building 10. Other <p>Specify others</p>						

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a. Sibling 1
b. Sibling 2
c. Sibling 3
d. Sibling 4
e. Sibling 5
f. Sibling 6
g. Sibling 7
h. Sibling 8

		a. Sibling 1		b. Sibling 2		c. Sibling 3		d. Sibling 4		e. Sibling 5		f. Sibling 6		g. Sibling 7		h. Sibling 8	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Q5207	Did the deceased report / experience <u>chest pain lasting less than 24 hrs</u> in the month preceding the death?	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5208	Did the deceased experience <u>paralysis</u> of any part of the body in the month preceding death?	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5209	If yes, was the <u>paralysis</u> accompanied or followed by <u>sudden loss of consciousness</u> ?	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5210	Did the deceased have a <u>cough</u> that lasted more than 3 weeks?	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5211	If yes, was there <u>blood in the sputum</u> ?	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5212	Did (s)he receive any <u>medical treatment</u> for <u>tuberculosis</u> ?	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5213	Did the deceased have <u>diarrhoea</u> that lasted more than a month ?	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5214	Was there any <u>rapid loss of weight</u> ?	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5215	Were there any <u>white patches</u> in the mouth ?	1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5

Time End: ___ : ___

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Q6751	During the last 12 months, did you receive any <u>medical care or treatment</u> from a dentist or other oral health specialist for this problem with your mouth and/or teeth?	1. Yes	5. No	If No: Go to Q6757
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What types of care or treatment did you receive for this problem with your mouth and / or teeth?

Probe for all types of care or treatment. Record in questions 6752-6756 all types mentioned.

Q6752	Medication	1. Yes	5. No
Q6753	Dental work / oral surgery	1. Yes	5. No
Q6754	Dentures or bridges	1. Yes	5. No
Q6755	Information or counseling on dental care / oral hygiene	1. Yes	5. No
Q6756	Other oral treatment	1. Yes : Specify _____	5. No
Q6757	Have you <u>lost all</u> of your natural teeth?	1. Yes	5. No

CARE FOR ROAD TRAFFIC AND OTHER INJURIES (*Questions to be asked to all respondents*)

Q6800	In the past 12 months, have you been involved in a <u>road traffic accident</u> where you suffered from bodily injury? <i>PROBE: This could have been an accident in which you were involved either as the occupant of a motor vehicle, or when you were riding a motorcycle or bicycle, or walking.</i>	1. Yes	5. No	If No: Go to Q6806			
Q6801	When (in the last 12 months) did the accident happen?	1. Within the last 30 days	2. 1-2 months ago	3. 3-5 months ago	4. 6-12 months ago	8. DK	
Q6802	Did you receive any <u>medical care or treatment</u> for your injuries?	1. Yes	5. No	If No: Go to Q6806			
Q6803	Where did you <u>first</u> receive care? READ CHOICES <i>If care received from ambulance, hospital or outpatient facility, ask if it was government operated or private.</i>	1. On-site, ambulance	2. Hospital	3. Outpatient facility	4. Private physician	5. Traditional healer	6. Other
Q6804	Was it government operated or private?	1. Government operated	2. Private (including for-profit and not-for-profit)	8. DK			

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Q6805	How <u>soon</u> after the traffic accident occurred did you <u>first</u> receive care? <i>PROBE: Did someone later tell you how long after the accident occurred you received care?</i>	1. In 1 hour or less	2. In over 1 hour, but within 24 hours	3. More than 24 hours later			
Q6806	In the past <u>12 months</u> , have you suffered <u>bodily injury</u> that limited your everyday activities, due to a fall, burn, poisoning, submersion in water, or by a firearm, sharp weapon or an act of violence from another person?	1. Yes			5. No		If No: Go to next section
Q6807	<u>When</u> (in the last 12 months) did the incident happen?	1. Within the last 30 days	2. 1-2 months ago	3. 3-5 months ago	4. 6-12 months ago	8. DK	
Q6808	Did you receive any <u>medical care or treatment</u> for your injuries?	1. Yes			5. No		If No: Go to next section
Q6809	Where did you <u>first</u> receive care? READ CHOICES <i>If care received from ambulance, hospital or outpatient facility, ask if it was government operated or private.</i>	1. On-site, ambulance	2. Hospital	3. Outpatient facility	4. Private physician	5. Traditional healer	6. Other
Q6810	Was it government operated or private?	1. Government operated		2. Private (including for-profit and not-for-profit)		8. DK	
Q6811	How <u>soon</u> after this injury occurred did you <u>first</u> receive care?	1. In 1 hour or less	2. In over 1 hour, but within 24 hours		3. More than 24 hours later		

Time End: ___ : ___