

RAMOS

BACKGROUND CHARACTERISTICS

B

Name of deceased: _____

Name of respondent: _____

Date of death: _____

Relationship to deceased: _____

Address: _____

1. Regency number:

2. District number:

3. Case number:

4. Date of death:

5. Date of interview:

6. How old was she? (refer to list of events if necessary)

7. What was the last grade in school she completed?

8. What was the last grade in school her husband completed?

9a. Is her husband a farmer? 0) no → SKIP to question 10
1) yes

b. Does he own his land? 0) no, rents 1) yes, owns
2) yes, both

c. How many hectares of paddy does he tend?

d. How many rice harvests does he get each year?

e. How many cows does he have?

10. Is her husband a fisherman? 0) no 1) yes

11a. Is her husband a nonagricultural worker? 0) no → SKIP to question 12 1) yes

b. What is his occupation?

c. Is this job government or nongovernment?
1) government 2) nongovernment → SKIP to question 11e

d. What grade is this job? (now go to question 12)

e. Is he self-employed? 0) no 1) yes

12. Is there a water supply in the compound where she lived? 0) no 1) yes, well 2) yes, tap 3) yes, other 4) don't know

13. Are there toilet facilities in the compound where she lived? 0) no 1) yes, flush toilet 2) yes, latrine 3) yes, other

14. Did she smoke tobacco? 0) no 1) yes 2) don't know

15. Did she chew tobacco or betel? 0) no 1) yes, tobacco 2) yes, betel 3) yes, both 4) don't know

16. How many living children did she have?

17. How old is the youngest? (completed years)
00) less than 1 year 99) don't know

18. Had she been pregnant since this child was born? 0) no 1) yes 2) don't know If YES, give the date this pregnancy ended: _____

19. How many live births had she had?

20. How many stillbirths?

21. How many miscarriages?

22. How many induced abortions?

23. Now that makes how many pregnancies altogether? (check for consistency)

24. Did she (or her husband) ever use any method of family planning? 0) no 1) yes 2) don't know

25. Since her last pregnancy did she (or her husband) use any method of family planning?
0) no } terminate 1) yes
2) don't know } interview

26. What method was that? 1) tubal ligation 2) IUD 3) pills 4) injection 5) condom 6) foam 7) diaphragm 8) other, specify _____

27. Since the last pregnancy, did she ever stop using family planning?
0) no } terminate 1) yes
2) don't know } interview

28. When did she stop using family planning?

29. For how long did she stop? (number of months)

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6a. Do you know what _____ died of? 0) no 1) yes

b. What was it? _____

7a. How long was she unwell before she died? _____

b. Was she perfectly well before that? 0) no 1) yes 2) don't know

8. How long is it since she could do her usual work? _____

9. During the illness (or after the accident) that caused her death, was she seen by a doctor, nurse or other health worker? 0) no 1) yes 2) don't know

Who? _____ Where? _____

Now I am going to ask you about a lot of symptoms she may have had before she died. Just tell me about the symptoms she had during her final illness.

10a. Was she in pain? 0) no → SKIP to Question 12 1) yes 2) don't know

b. Where was the pain? 1) head 2) belly 3) chest 4) breast 5) legs 6) other 7) all over 8) don't know

c. How long did she have this pain? _____

Until she died? 0) no 1) yes 2) don't know

d. How long ago did it start? _____

11a. Did she have a pain anywhere else? 0) no 1) yes 2) don't know

b. Where was the pain? 1) head 2) belly 3) chest 4) breast 5) legs 6) other 7) all over 8) don't know

c. How long did she have this pain? _____

Until she died? 0) no 1) yes 2) don't know

d. How long ago did it start? _____

12a. Was she bleeding from the vagina? 0) no 1) yes 2) don't know

b. How long before she died did it start? _____

c. Was she bleeding right up to when she died? 0) no 1) yes 2) don't know

d. Was it so much that it soaked her clothes? 0) no 1) yes 2) don't know

13a. Was she bleeding from anywhere else? 0) no 1) yes 2) don't know

b. Where? _____

c. How long before she died did it start? _____

d. How long did it last? _____

Until she died? 0) no 1) yes 2) don't know

14a. Did she have a cough? 0) no 1) yes 2) don't know

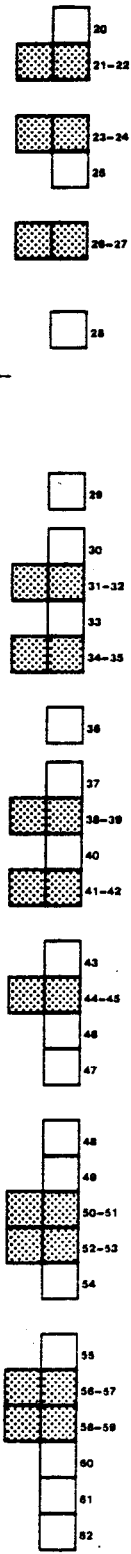
b. How long before she died did it start? _____

c. How long did it last? _____

Until she died? 0) no 1) yes 2) don't know

d. Was she bringing up any spit? 0) no 1) yes 2) don't know

e. Was there blood in it? 0) no 1) yes 2) don't know



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15a. Did she have a fever? 0) no 1) yes 2) don't know

b. When did you first notice it? _____

c. How long did it last? _____

Until she died? 0) no 1) yes 2) don't know

d. Did she have any shaking chills? 0) no 1) yes 2) don't know

	63
■	64-65
■	66-67
	68
	69

16a. Did you notice anything unusual about her color? 0) no 1) yes 2) don't know

b. Was she pale? 0) no 1) yes 2) don't know

c. Was she yellow? 0) no 1) yes 2) don't know

d. Was she blue? 0) no 1) yes 2) don't know

	70
	71
	72
	73

17a. Had she been vomiting? 0) no 1) yes 2) don't know

b. How long before she died did it start? _____

c. How long did it last? _____

Until she died? 0) no 1) yes 2) don't know

d. Was she able to keep anything down at all? 0) no 1) yes 2) don't know

e. Did she ever vomit pure blood? 0) no 1) yes 2) don't know

	74
■	75-76
■	77-78
1	79-80
	8
	9
	10

18a. Did she have diarrhea? (frequent passage of liquid stools) 0) no 1) yes 2) don't know

b. How long before she died did it start? _____

c. How long did it last? _____

Until she died? 0) no 1) yes 2) don't know

	11
■	12-13
■	14-15
	16

19a. Did she have black stools? 0) no 1) yes 2) don't know

b. How long before she died did this start? _____

c. How long did it last? _____

Until she died? 0) no 1) yes 2) don't know

d. Was there anything else unusual about her stools? 1) blood 2) mucus 3) pus
4) rice water stool 5) other

	17
■	18-19
■	20-21
	22
	23

20. Did she have any difficulties with urination? 0) no → SKIP to Question 25
1) yes 2) don't know

	24
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21a. Was she unable to pass any urine? 0) no 1) yes 2) don't know

b. How long before she died did this start? _____

c. How long did it last? _____

Until she died? 0) no 1) yes 2) don't know

	25
■	26-27
■	28-29
	30

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22a. Too frequent urination? 0) no 1) yes 2) don't know

b. How long before she died did this start? _____

c. How long did it last? _____

Until she died? 0) no 1) yes 2) don't know

31
32-33
34-35
36
37

23a. Painful urination? 0) no 1) yes 2) don't know

b. How long before she died did this start? _____

c. How long did it last? _____

Until she died? 0) no 1) yes 2) don't know

37
38-39
40-41
42
43

24a. Bloody urine? 0) no 1) yes 2) don't know

b. How long before she died did this start? _____

c. How long did it last? _____

Until she died? 0) no 1) yes 2) don't know

43
44-45
46-47
48
49

25a. Did she get tired easily? 0) no 1) yes 2) don't know

b. When did you first notice this? _____

c. How long did it last? _____

Until she died? 0) no 1) yes 2) don't know

49
50-51
52-53
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26a. Had she lost weight? 0) no 1) yes 2) don't know

b. When did you first notice this? _____

c. Was the weight loss excessive? 0) no 1) yes 2) don't know

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56-57
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27a. Was any part of her body swollen? 0) no 1) yes 2) don't know

b. What part? 1) belly 2) face 3) legs and feet 4) face, legs and feet 5) other

c. When did you first notice this? _____

d. How long did it last? _____

Until she died? 0) no 1) yes 2) don't know

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61-62
63-64
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28a. Was she short of breath? 0) no 1) yes 2) don't know

b. When did you first notice the shortness of breath? _____

c. How long did it last? _____

Until she died? 0) no 1) yes 2) don't know

66
67-68
69-70
71

29. Did she have asthma? 0) no 1) yes 2) don't know

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30a. Had she lost the use of any of her limbs? 0) no 1) yes 2) don't know

- b. Which ones? Right leg? 0) no 1) yes 2) don't know
- Left leg? 0) no 1) yes 2) don't know
- Right arm? 0) no 1) yes 2) don't know
- Left arm? 0) no 1) yes 2) don't know

c. How long before she died did this happen? _____

d. How long did it last? _____

Until she died? 0) no 1) yes 2) don't know

31a. During her last illness, did she ever collapse? 0) no 1) yes 2) don't know

- b. How many times?
- c. Did she lose consciousness? 0) no 1) yes 2) don't know
- d. Did she shake or convulse? 1) shake 2) convulse 3) neither, limp

32. Did she have epilepsy? 0) no 1) yes 2) don't know

33a. Was she ever told that she had high blood pressure? 0) no 1) yes 2) don't know

b. Who told her? 1) doctor 2) other health worker 3) don't know

c. How long ago was that? _____

34a. Was she pregnant when she died? 0) no 1) yes 2) don't know

b. How many months along was she? → SKIP to question 37

35a. Had she been pregnant recently? (6 weeks or less) 0) no 1) yes 2) don't know

b. How did the pregnancy end? 1) live birth 2) stillbirth 3) spontaneous abortion
4) induced abortion

c. Did she lose an unusual amount of blood? 0) no 1) yes 2) don't know

d. How long before she died did the pregnancy end? _____

36. How long ago was her last menstrual period? (weeks)

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	27-28
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37a. Had she EVER had a molar pregnancy? 0) no 1) yes 2) don't know

b. How long ago? _____

	30
■	31-32

38. Was she ever told by a doctor, nurse, health worker or any other kind of medical or paramedical person that she had any kind of disease? 0) no 1) yes 2) don't know

Disease	Who told her (name)?	How long ago?
_____	_____	_____
_____	_____	_____
_____	_____	_____

	33
■	34-35
■	36-37
■	38-39

39. Had she EVER had any kind of operation? 0) no 1) yes 2) don't know

Operation	Hospital name	How long ago?
_____	_____	_____
_____	_____	_____
_____	_____	_____

	40
■	41-42
■	43-44
■	45-46

40a. During her last illness was she taking any drug or medicine? 0) no 1) yes 2) don't know

b. Where did she get the drug or medicine? 1) prescribed by doctor 2) over the counter 3) traditional medicine

c. What was the medicine?

May I have the bottle or packet please?

	47
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■	49
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■	51

41a. Is there anything else that you know about her illness or death that we have not covered here? 0) no 1) yes

b. What is that? _____

	52
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42. Interviewer's assessment of the quality of data. 1) good 2) moderate 3) poor 4) can't tell

43. Interviewer's name: _____

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	77-78
3	1
	79-80

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