

KAGERA HEALTH AND DEVELOPMENT SURVEY 2004

MORTALITY OF PREVIOUS HOUSEHOLD MEMBERS

CLUSTER NUMBER		HOUSEHOLD NUMBER	

INTERVIEWER OR SUPERVISOR: _____ ID CODE: DATE:

TO BE ASKED ONLY ONCE IN THE WHOLE SURVEY AND AFTER COMPLETION OF OTHER SECTIONS

1. HAVE ANY PREVIOUS HOUSEHOLD MEMBERS DIED (CHECK HOUSEHOLD TRACKING FORM)
 YES....1
 NO.....2 (>END OF QUESTIONNAIRE)

2. RECORD NAME OF RESPONDENT: _____

3. RELATIONSHIP OF RESPONDENT TO HOUSEHOLD TRACKING FORM

WRITE NUMBER OF THE APPROPRIATE RELATION

ON HOUSEHOLD TRACKING FORM.....1

OLD INDIVIDUAL MEMBER ID:

NOT ON HOUSEHOLD TRACKING FORM, BUT
 ON NEW HOUSEHOLD ROSTER.....2

ID CODE FROM HOUSEHOLD QUESTIONNAIRE 2004:

CLUSTER NUMBER		HOUSEHOLD NUMBER		TEMPORARY HOUSEHOLD NUMBER		ID CODE	

OTHER RELATIVE, (SPECIFY: _____).....3

OTHER NON-RELATIVE, (SPECIFY: _____).....4

MORTALITY OF PREVIOUS HOUSEHOLD MEMBERS (CONT)

Now I'm going to ask the people who were interviewed 10 years ago about the people they were living with at that time but have since passed away.

P E R S O N N U M B E R	4 FROM THE HOUSEHOLD TRACKING FORM COPY ALL DECEASED PREVIOUS HOUSEHOLD MEMBERS		5 In what year did ...[NAME]... pass away?	6 Was ...[NAME] ... living with any of the following (READ NAMES FROM PREVIOUS HH MEMBERS) when he/she died	7 With whom (FROM PREVIOUS HH MEMBERS) did the deceased live with when he/she died?	8 Did ...[NAME] ... live with nay of the followin g (READ NAMES FROM PREVIOUS HH MEMBERS) two years before he died?	9 With whom (FROM PREVIOUS HH MEMBERS) did the deceased live two years before he/she died?
	ID CODE FROM HH TRACKING FORM	NAME	YEAR	YES...1 NO...2 (>8)	ID CODE FROM HOUSEHOLD TRACKING FORM	YES...1 NO...2 (>10)	ID CODE FROM HOUSEHOLD TRACKING FORM
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

ILLNESS CODES	
AIDS/HIV.....	1
HERPES ZOSTER.....	2
URINARY INFECTION.....	3
GONORRHEA.....	4
SYPHILIS.....	5
MALARIA.....	6
TYPHOID.....	7
MEASLES.....	8
MENINGITIS.....	9
POLIO.....	10
TUBERCULOSIS.....	11
TETANUS.....	12
ASTHMA.....	13
PNEUMONIA.....	14
BILHARZIA/ SHISTOSOMIASIS.....	15
INTESTINAL WORMS.....	16
DIARRHOEA.....	17
DYSENTERY.....	18
MALNUTRITION	
KWASHIORKOR.....	19
MARASMUS.....	20
FRACTURE.....	21
CANCER.....	22
POISONING.....	23
DIABETES.....	24
PRESSURE.....	25
FLU/COLD.....	26
OTHER STD	
(SPECIFY).....	27
OTHER ILLNESS	
(SPECIFY).....	28
OTHER INJURY	
(SPECIFY).....	29
WITCHCRAFT.....	30
DON'T KNOW.....	31

MORTALITY OF HOUSEHOLD MEMBERS (END)

P E R S O N N U M B E R	10	11		12	13	14		15
	Did ..[NAME].. die as the result of an illness? YES.....1 NO.....2 (>15) DON'T KNOW...3 (>NEXT DECEASED)	For how long was ..[NAME].. suffering from this illness or condition before he/she died? TIME UNIT: DAY...3 WEEK..4 MONTH..5 YEAR..6	NUMBER	TIME UNIT	Was the illness from which ..[NAME].. was suffering ever diagnosed by a health professional? YES....1 NO.....2 (>14)	What did the health practitioner report that ..[NAME].. was suffering from? ILLNESS CODE	What illness do you think ..[NAME].. was suffering from? > NEXT DECEASED ILLNESS CODE	What was the cause of ..[NAME'S].. death? TRAFFIC ACCIDENT.....1 CHILDBIRTH OR COMPLICATIONS.....2 HOMICIDE.....3 SUICIDE.....4 OTHER ACCIDENT OR INJURY.....5 OTHER.....6 (SPECIFY: _____)
01								
02								
03								
04								
05								
06								
07								
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10								
11								
12								