

Self-Reported Health Status, Symptoms, and Subsequent Mortality in Rural Malawi 2001

INTRODUCTION TO RESPONDENT

My name is _____. I am working with a research team from the University of Malawi and the University of Pennsylvania. We are doing a survey in order to learn about various health issues in your area. I'll begin with some questions about you yourself and your household. I'll then ask about the issues surrounding the death of your spouse/relative. Your answers will help us understand the experiences and welfare of bereaved family members in this region today. Please ask me to explain if you don't understand any of the questions that I ask. If there are any questions you don't want to answer, please let me know. Everything you tell us will be kept fully confidential. Is it all right with you if I ask you questions?

SECTION 1: IDENTIFICATION PARTICULARS

Traditional Authority (TA) _____

Village Name _____

Informant's name _____

Sex of informant Male.....1 Female..... 2

Deceased Name/Id Number

Date of Interview

Time begun _____ a.m. / p.m.

Outcome of Interview:

First Visit: Completed...1 Refused...2 Other SPECIFY) _____ 3

Second Visit: Completed...1 Refused...2 Other (SPECIFY) _____ 3

Third Visit: Completed...1 Refused...2 Other (SPECIFY) _____ 3

SECTION 2: DEATH AND MORBIDITY

NO.	QUESTION	RESPONSE	SKIP
<p><i>"I'd like to ask you some specific questions about the events and symptoms _____ had during the time before death. I know it may be difficult to talk about your spouse/relative/neighbor but this information is very important in helping us to understand health status and mortality outcomes.</i></p>			
D1	Sex of deceased respondent.	Male 1 Female 2	
D2	Relationship of informant to deceased respondent.	Husband /wife..... 1 Son/Daughter 2 Son-in-law / daughter-in-law 3 Grandson/granddaughter. 4 Neighbor 5 Brother/Sister 6 Brother-in-law/Sister-in-law..... 7 Friend 8 Other (specify) 9	
D3	In what year did _____ die?	YEAR: _____	

D4	For how many months was ___ ill/sick before he/she died?	Less than 1 month 1 1 to 2 months 2 2 to 6 months 3 6 Months+ 4 Don't know 99	
D4a	Tell me about the illness that led to ___'s death? PROMPT: WAS THERE ANYTHING ELSE? _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		

D5	<p>INTERVIEWER: BELOW IS A LIST OF A NUMBER OF SYMPTOMS/CONSIONS. FOR EACH OF THESE, ON THE RIGHT COLUMN RECORD “1” IF IT WAS MENTIONED IN THE VERBAL AUTOPSY IN D4a, AND “2” IF IT WAS NOT.</p> <ul style="list-style-type: none">a. ACCIDENT b. COMA c. COMPLICATED DELIVERY d. COUGH e. DIARRHOEA f. DIFFICULT BREATHING g. FEVER h. MALARAIA i. PNEUMONIA j. RAPID BREATHING k. RASH l. STIFF NECK m. VERY THIN n. FIT o. MALNUTRITION p. OTHER (Specify)	
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D5a	Was ____ ever diagnosed with the disease that led to his death?	Yes 1 No 0 Don't know..... 8	
D5b	In your opinion what do you exactly think led to ____'s death? _____ _____ _____		
D5c	Did ____ ever had any of the following diseases before he died? INTERVIEWER: RECORD "1" FOR YES AND "0" FOR NO. DIABETES EPILEPSY TB HIV/AIDS		
D6	During the illness/sickness that led to ____'s death, did he/she seek advice or treatment from anywhere/anyone?	Yes 1 No 0 Don't Know 8	-->D7a -->D7a
D7	Where did he/she seek advice or treatment? DO NOT READ LIST: MORE THAN ONE ANSWER IS POSSIBLE	Govt. Hospital 1 Govt. Health Center ... 2 Primary Health Clinic. 3 Community Health Worker..... 4 Private Doctor..... 5 Traditional Healer... 6 Relatives/Friends.... 7 Self/Respondent..... 8 Other (specify) _____ 9	
D7a	During the illness/sickness that led to ____'s death, did someone else seek advice or treatment from anywhere/anyone?	Yes 1 No 0 Don't Know 8	-->D8 -->D8

D7b	Where did he/she seek advice or treatment? DO NOT READ LIST: MORE THAN ONE ANSWER IS POSSIBLE	Govt. Hospital 1 Govt. Health Center ... 2 Primary Health Clinic. 3 Community Health Worker..... 4 Private Doctor..... 5 Traditional Healer... 6 Other (specify) _____ 7	
D8	Where did ____ die?	Govt. Hospital 1 Govt. Health Center ... 2 Primary Health Clinic. 3 Community Health Center..... 4 Private Clinic..... 5 Traditional Healer... 6 Relatives/Friends... 7 At home 8 On the way to facility . 9 Other (specify)_____ 10 _____ 10	

SECTION 3: ILLNESS

“Now I’d like to ask you some questions about illness and disease(s) that ____ had before death. I know that it is sometimes very hard to discuss diseases that people suffer but I’d like to remind you that this information will be kept confidential.

D9a	During the illness/sickness that led to death, did ____ ever have severe fatigue?	Yes 1 No 0 Don’t know 88	-->D9d -->D9d
D9b	When did it start?	More than 6 months 1 More than 1 month 2 More than 1 week 3 Immediately before death..... 4 Don’t Know 8	
D9c	Did ____ have it (severe fatigue) until death?	Yes 1 No 0	
D9d	During the illness/sickness that led to death, did ____ ever have severe backache?	Yes 1 No 0 Don’t know 88	→D9g →D9g
D9e	When did it start?	More than 6 months 1 More than 1 month 2 More than 1 week 3 Immediately before death..... 4 Don’t Know 8	
D9f	Did ____ have it (severe backache) until death?	Yes 1 No 0	

D9g	During the illness/sickness that led to death, did ____ ever have pneumonia?	Yes 1 No 0 Don't know 88	→D9j →D9j
D9h	When did it start?	More than 6 months 1 More than 1 month 2 More than 1 week 3 Immediately before death..... 4 Don't know 8	
D9i	Did ____ have it (pneumonia) until death?	Yes 1 No 0	
D9j	During the illness/sickness that led to death, did ____ ever have chronic coughing?	Yes 1 No 0 Don't know 88	→D9m →D9m
D9k	When did it start?	More than 6 months 1 More than 1 month 2 More than 1 week 3 Immediately before death..... 4 Don't know 8	
D9l	Did ____ have it (chronic coughing) until death?	Yes 1 No 0	
D9m	During the illness/sickness that led to death, did ____ ever have high fever?	Yes 1 No 0 Don't know 88	→D9p →D9p
D9n	When did it start?	More than 6 months 1 More than 1 month 2 More than 1 week 3 Immediately before death..... 4 Don't know 8	
D9o	Did ____ have it (high fever) until death?	Yes 1 No 0	
D9p	During the illness/sickness that led to death, did ____ ever have difficulty breathing?	Yes 1 No 0 Don't know 88	-->D9s -->D9s
D9q	When did it start?	More than 6 months 1 More than 1 month 2 More than 1 week 3 Immediately before death..... 4 Don't know 8	
D9r	Did ____ have difficulty breathing until death?	Yes 1 No 0	
D9s	During the illness/sickness that led to death, did ____ ever have lack of appetite?	Yes 1 No 0 Don't know 88	→D9v →D9v

D9t	When did it start?	More than 6 months 1 More than 1 month 2 More than 1 week 3 Immediately before death..... 4 Don't know 8	
D9u	Did ____ have it (lack of appetite) until death?	Yes 1 No 0	
D9v	During the illness/sickness that led to death, did ____ ever have vomiting?	Yes 1 No 0 Don't know 88	→D10 →D10
D9w	When did it start?	More than 6 months 1 More than 1 month 2 More than 1 week 3 Immediately before death..... 4 Don't know 8	
D9x	Did ____ have it (vomiting) until death?	Yes 1 No 0	
D10	During the illness/sickness that led to death, did ____ ever have weight loss?	Yes 1 No 0 Don't know 88	→D11 →D11
D10a	When did it start?	More than 6 months 1 More than 1 month 2 More than 1 week 3 Immediately before death..... 4 Don't know 8	
D10b	Did ____ have it (weight loss) until death?	Yes 1 No 0	
D11	During the illness/sickness that led to death, did ____ ever have diarrhea with bloody stool?	Yes 1 No 0 Don't know 88	→D12 →D12
D11a	When did it start?	More than 6 months 1 More than 1 month 2 More than 1 week 3 Immediately before death..... 4 Don't know 8	
D11b	Did ____ have it (diarrhea with bloody stool) until death?	Yes 1 No 0	
D12	During the illness/sickness that led to death, did ____ ever have pain or burning when urinating?	Yes 1 No 0 Don't know 88	→D13 →D13
D12a	When did it start?	More than 6 months 1 More than 1 month 2 More than 1 week 3 Immediately before death..... 4 Don't know 8	

D12b	Did _____ have it (pain when urinating) until death?	Yes 1 No 0	
D13	During the time before death did _____ have an operation/surgery at the hospital?	Yes 1 No 0 Don't know 88	→D15 →D15
D14	After _____ died, did you or anyone in your family receive a death certificate for the deceased?	Yes..... 1 No..... 0 Death Certificate Not Seen..... 2 Don't Know..... 88	
SECTION 4: DEATH AND WELFARE TO BE ASKED TO THE DECEASED'S CLOSE RELATIVE			
Close Relative's Name: _____			
Relationship: Father/Mother..... 1 Brother/Sister.....2 Brother-in-law/Sis-in-law... 3 Gfather/Gmother.....4 Husband/Wife..... 5 Friend..... 6 Other (specify)..... 7			
Sex of close relative: Male.....1 Female.....2			
<i>"Now I'd like to discuss some of your experiences that you had after the death of _____."</i>			
D15	Now we would like to talk about getting and giving help to other people. After _____ died, did you receive monetary assistance from anyone when you faced difficulties? (PROBE WHERE NECESSARY: HEALTH/MEDICAL COSTS, SCHOOL FEES, FOOD ETC.)	Yes 1 No 0	-->D15b
D15a	Where did this money come from?	Family members and relatives 1 Collections in the village.. 2 Borrowing from friends and relatives 3 From the church 4 Other (specify)..... 8	
D15b	How much money was spent on _____'s death?	Less than K500 1 K500 – K999 2 K1000 – K1499 3 K1500 and higher..... 4	
D15c	How long did your close relatives stay at the funeral?	Left same day 1 Stayed overnight 2 2-3 days..... 3 More than 3 days..... 4	
D15d	How long did other people stay at the funeral?	Left same day 1 Stayed overnight 2 2-3 days..... 3 More than 3 days..... 4	
D16	Who are these people who are helping you take care of your family after _____ died?	_____ _____	IF NONE -->D18
D17	Did these people help you when _____ was alive?	Yes 1 No 0	

D18	What about yourself: have you helped anyone financially after _____ died?	Yes 1 No 0	--> D19
D18a	Who are these people?	_____ _____ _____	
D18b	What type of help did you give them?		
D19	After _____'s death, did any of your family members (e.g. children) go to live with other relatives?	Yes 1 No 0	--> D20
D19a	Where did they go to live?	Same village 1 Same compound 2 Same TA 3 Other district 5 City (e.g Blantyre) 5	
D20	After _____'s death, did any of your relatives come to live in with your family (to help you)?	Yes 1 No 0	--> D21
D20a	Who are these relatives?	_____ _____ _____	
D20b	What impact did _____'s death have on family resources such as money spent for hospitals, school, funeral expenses, and debits?		
D20c	Did others help with these expenses?	Yes 1 No 0	--> D20e
D20d	Who are these people?		
D20e	Did other family members take time out of work because of _____'s death?	Yes 1 No 0	
D20f	Did any family members lose remittances?	Yes 1 No 0	
D21	Are you doing any income generating activity for financial support?	Yes 1 No 0	--> D22
D21a	What income generating activities are you doing?	_____ _____ _____	
D22	Are there any things (e.g. style of living, relationships with other relatives) that have changed since the death of _____?	Yes 1 No 0	--> END

D22a	What are these things?	<hr/> <hr/> <hr/> <hr/>	
C	ANY COMMENTS ABOUT THE INTERVIEW <hr/> <hr/> <hr/>		

Time finished: _ _ _ _ a.m./p.m.