Lopman, BA; Barnabas, RV; Boerma, JT; Chawira, G; Gaitskell, K; Harrop, T; Mason, P; Donnelly, CA; Garnett, GP; Nyamukapa, C; Gregson, S (2006) Creating and validating an algorithm to measure AIDS mortality in the adult population using verbal autopsy. PLoS medicine, 3 (8). e312. ISSN 1549-1277 DOI: https://doi.org/10.1371/journal.pmed.0030312

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REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q501	**Ask the respondent for his/her account of the cause of death.**			
Q502	***During the two weeks before (NAME) died, did he/she suffer from any major injury, poisoning, burn or drowning?***	**Poisoning**	1	
		Fall	2	
		Burn	3	
		Drowning	4	
		Alcohol intoxication	5	
		Ate toxic herbs/plants	6	
		Motor vehicle accident	7	
		Other injury	8	
		Death not due to injury	9	**- Q504**
Q503	***Was it an accident, was it inflicted deliberately by someone else, or was the death self-inflicted?***	**Accident**	1	
		Homicide	2	
		Suicide	3	
		Don't know	98	
Q504	**Record whether deceased was male or female.**	**Male**	1	**- Q701**
		Female	2	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q601	***How many children had (NAME) given birth to when she died?*** **Do NOT include the last birth.**	**Live births** **Don't know**	 98	
Q602	***Did (NAME) die during pregnancy or childbirth or within 6 weeks of giving birth?***	**Yes** **No** **Don't know**	1 2 98	**- Q608**
Q603	***Did (NAME) have her periods coming regularly?***	**Yes** **No** **Don't know**	1 2 98	
Q604	***Did (NAME) have a swelling growing out of the vagina?***	**Yes** **No** **Don't know**	1 2 98	 **- Q606** **- Q606**
Q605	***For how long had this swelling been present?***	**Months/years** **Don't know**	mths yrs 98	
Q606	***Did (NAME) have bleeding from the vagina?***	**Yes** **No** **Don't know**	1 2 98	**- Q701**
Q607	***How long ago did she last have her period?***	**Months/years** **Don't know**	mths yrs 98	**- Q609** **- Q609**
Q608	***How many months was she pregnant when she died?***	**Month** **Don't know**	mths 98	
Q609	***Did she suffer from any complaints during her last pregnancy?***	**Yes (specify)** **No** **Don't know**	1 2 98	
Q610	***Did she attend antenatal clinics during her last pregnancy?***	**Yes** **No** **Don't know**	1 2 98	
Q611	***Did (NAME) have high blood pressure during pregnancy?***	**Yes** **No** **Don't know**	1 2 98	
Q612a	***Was she complaining of severe headaches?***	**Yes** **No** **Don't know**	1 2 98	
Q612b	***Was there bleeding during pregnancy?***	**Yes** **No** **Don't know**	1 2 98	
Q613	***Did (NAME) have oedema of the limbs during pregnancy?***	**Yes** **No** **Don't know**	1 2 98	
Q614	***Did (NAME) have malaria during pregnancy?***	**Yes** **No** **Don't know**	1 2 98	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q615	***At what stage of the pregnancy did (NAME) die?***	**During delivery**	1	
		Shortly before delivery	2	
		Well before delivery	98	**- Q701**
Q616	***Was there excessive bleeding during delivery?***	**Yes**	1	
		No	2	
		Don't know	98	
Q617	***Was she complaining of severe headaches during delivery?***	**Yes**	1	
		No	2	
		Don't know	98	
Q618	***Did she have terrible abdominal pains during delivery that suddenly stopped before she died?***	**Yes**	1	
		No	2	
		Don't know	98	
Q619	***Did the placenta come out within half an hour of the birth of the child?***	**Yes**	1	
		No	2	
		Don't know	98	
Q620	***Did (NAME) have convulsions during delivery?***	**Yes**	1	
		No	2	
		Don't know	98	
Q621	***Was there high fever starting after delivery?***	**Yes**	1	
		No	2	**- Q623**
		Don't know	98	**- Q623**
Q622	***Did it start immediately after delivery or after a few days?***	**Immediately**	1	
		After a few days	2	
		Don't know	98	
Q623	***Where did the delivery take place?***	**Home**	1	
		Relative's home	2	
		TBA's house	3	
		Provincial hospital	4	
		District hospital	5	
		Other local hospital	6	
		Clinic	7	
		Other (specify)	8	
		Don't know	98	
Q624	***Who was in attendance at the birth?***	**Doctor**	1	
		Nurse	2	
		Midwife	3	
		TBA	4	
		Don't know	98	
Q625	***Is the child still alive?***	**Yes**	1	
		Stillbirth	2	
		Died after birth	3	
		Don't know	98	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q701	***For how long had (NAME) been ill before he/she died?***	days / mths / yrs		
		Don't know	98	
Q702	***Did (NAME) have frequent loose stools or liquid stools during the disease that led to death?***	**Yes**	1	
		No	2	**- Q710**
		Don't know	98	**- Q710**
Q703	***How many stools did he/she have in a day?***	**Number of stools**		
		Don't know	98	
Q704	***How long did the diarrhoea last?***	days / mths / yrs		
		Don't know	98	
Q705	***Did (NAME) have blood in the stools?***	**Yes**	1	
		No	2	**- Q708**
		Don't know	98	**- Q708**
Q706	***For how long did he/she have blood in the stools?***	days / mths / yrs		
		Don't know	98	
Q707	***Did the stools look like rice water (whitish)?***	**Yes**	1	
		No	2	
		Don't know	98	
Q708	***Did the eyes become more sunken?***	**Yes**	1	
		No	2	
		Don't know	98	
Q709	***Did he/she suffer from dehydration?***	**Yes**	1	
		No	2	
		Don't know	98	
Q710	***Did (NAME) have a cough?***	**Yes**	1	
		No	2	**- Q716**
		Don't know	98	**- Q716**
Q711	***For how long did this last?***	days / mths / yrs		
		Don't know	98	
Q712	***Did (NAME) cough sputum?***	**Yes**	1	
		No	2	
		Don't know	98	
Q713	***Did (NAME) have severe pain while coughing?***	**Yes**	1	
		No	2	
		Don't know	98	
Q714	***Did (NAME) cough blood?***	**Yes**	1	
		No	2	
		Don't know	98	
Q715	***Did (NAME) cough more at night than in the morning?***	**Yes**	1	
		No	2	
		Don't know	98	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q716	***Did (NAME) have trouble breathing during the illness that led to death?***	**Yes** **No** **Don't know**	1 2 98	 - **Q721** - **Q721**
Q717	***For how long did this last?***	days / mths / yrs **Don't know**	 98	
Q718	***Was (NAME) unable to lie down flat in bed because of shortness of breath?***	**Yes** **No** **Don't know**	1 2 98	
Q719	***During the past years did (NAME) have attacks of shortness of breath and noisy breathing (asthma)?***	**Yes** **No** **Don't know**	1 2 98	
Q720	***During the past year, was (NAME) short of breath upon exercise?***	**Yes** **No** **Don't know**	1 2 98	
Q721	***Did (NAME) have pneumonia?***	**Yes** **No** **Don't know**	1 2 98	
Q722	***How long ago is it since (NAME) suffered from tuberculosis?***	mths / yrs **Never** **Don't know**	 97 98	
Q723	***Did (NAME) have profuse night sweating?***	**Yes** **No** **Don't know**	1 2 98	
Q724	***Did (NAME) have a fever?***	**Yes** **No** **Don't know**	1 2 98	 - **Q728** - **Q728**
Q725	***For how long did this last?***	days / mths / yrs **Don't know**	 98	
Q726	***Was the fever present all the time or intermittent?***	**Present all the time** **Intermittent** **Don't know**	1 2 98	
Q727	***Was (NAME) shivering before having fever?***	**Yes** **No** **Don't know**	1 2 98	
Q728	***During the illness that led to death was (NAME) unconscious or very confused?***	**Yes** **No** **Don't know**	1 2 98	 - **Q730** - **Q730**
Q729	***For how long did this last?***	days / mths / yrs **Don't know**	 98	
Q730	***During the illness that led to death, did (NAME) have convulsions?***	**Yes** **No** **Don't know**	1 2 98	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q731	***During the illness that led to death, did (NAME) have neck stiffness?***	**Yes** **No** **Don't know**	1 2 98	
Q732	***During the illness that led to death, did (NAME) have severe headache?***	**Yes** **No** **Don't know**	1 2 98	
Q733	***During the illness that led to death, did (NAME) have problems opening his/her mouth?***	**Yes** **No** **Don't know**	1 2 98	
Q734	***During the illness that led to death, did (NAME) have spasms? (body muscles becoming very stiff)***	**Yes** **No** **Don't know**	1 2 98	
Q735	***Did (NAME) get a wound (e.g.: bed sores) during the last two weeks before death?***	**Yes** **No** **Don't know**	1 2 98	
Q736	***Was (NAME) unable to speak?***	**Yes** **No** **Don't know**	1 2 98	
Q737	***During the disease that led to death, did (NAME) loose weight?***	**Yes** **No** **Don't know**	1 2 98	 **- Q739** **- Q739**
Q738	***Was the weight loss severe or moderate?***	**Severe** **Moderate** **Don't know**	1 2 98	
Q739	***During the disease that led to death, did (NAME) become very pale?***	**Yes** **No** **Don't know**	1 2 98	
Q740	***During the disease that led to death, did (NAME) suffer a yellowing of the whites of the eyes (jaundice)?***	**Yes** **No** **Don't know**	1 2 98	
Q741	***During the disease that led to death, did (NAME) have swollen legs?***	**Yes** **No** **Don't know**	1 2 98	
Q742	***Did the colour of his/her hair change?***	**Yes** **No** **Don't know**	1 2 98	
Q743	***Did (NAME) complain of burning sensations of the legs?***	**Yes** **No** **Don't know**	1 2 98	
Q744	***Did (NAME) have any skin problems during the disease that led to death?***	**Yes** **No** **Don't know**	1 2 98	 **- Q749** **- Q749**
Q745	***For how many days did it last?***	**Days** **Don't know**	 98	
Q746	***Where was the rash located?***	**All over the body** **On specific parts only (specify)** **Don't know**	1 2 98	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q747	***Did (NAME) complain of itching of the skin?***	**Yes**	1	
		No	2	
		Don't know	98	
Q748	***Did the skin become very dry or scaly?***	**Yes**	1	
		No	2	
		Don't know	98	
Q749	***Did (NAME) have one localised dark swelling of skin?***	**Yes**	1	
		No	2	
		Don't know	98	
Q750	***Did (NAME) have abcesses or sores?***	**Yes**	1	
		No	2	**- Q752**
		Don't know	98	**- Q752**
Q751	***How many abscesses or sores?***	**One**	1	
		Two to four	2	
		At least five	3	
		Don't know	98	
Q752	***Has (NAME) ever had herpes zoster?***	**Yes**	1	
		No	2	**- Q754**
		Don't know	98	**- Q754**
Q753	***How many times?***	**Once**	1	
		More than once	2	
		Don't know	98	
Q754	***Did (NAME) have swellings?***	**Yes**	1	
		No	2	**- Q756**
		Don't know	98	**- Q756**
Q755	***Which parts were swollen?***	**Whole body swollen**	1	
		Bumps all over body	2	
	Any other parts?	**Neck**	3	
		Face	4	
		Feet, lower legs	5	
	Probe for other parts.	**Axilla (arm pit)**	6	
		Groin	7	
		Abdomen	8	
		Other parts (specify)	9	
		Don't know	98	
Q756	***Did (NAME) have protruded eyes?***	**Yes**	1	
		No	2	
		Don't know	98	
Q757	***Was (NAME) able to see well?***	**Yes**	1	**- Q759**
		No	2	
		Don't know	98	
Q758	***Was (NAME) able to see well when he/she was a child?***	**Yes**	1	
		No	2	
		Don't know	98	
Q759	***Was (NAME) known to have a heart problem?***	**Yes**	1	
		No	2	
		Don't know	98	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q760	***Was (NAME) known to have high blood pressure?***	**Yes** **No** **Don't know**	1 2 98	
Q761	***Was (NAME) known to have diabetes?***	**Yes** **No** **Don't know**	1 2 98	
Q762	***Was (NAME) known to have HIV infection?***	**Yes** **No** **Don't know**	1 2 98	
Q763	***Did (NAME) have "sickle cell"?***	**Yes** **No** **Don't know**	1 2 98	
Q764	***Was (NAME) healthy as a child?***	**Yes** **No** **Don't know**	1 2 98	**- Q768**
Q765	***Did (NAME) have attacks of severe joint pains during his/her life?***	**Yes** **No** **Don't know**	1 2 98	
Q766	***Did (NAME) have attacks of becoming yellow during his/her lifetime?***	**Yes** **No** **Don't know**	1 2 98	
Q767	***Are there other family members with a similar disease?***	**Yes** **No** **Don't know**	1 2 98	
Q768	***Did (NAME) have ulcers in the mouth?***	**Yes** **No** **Don't know**	1 2 98	
Q769	***Did (NAME) have difficulty swallowing?***	**Yes** **No** **Don't know**	1 2 98	
Q770	***Did (NAME) have white patches on the inside of the mouth and tongue?***	**Yes** **No** **Don't know**	1 2 98	
Q771	***Did(NAME) suffer from vomitting?***	**Yes** **No** **Don't know**	1 2 98	 **- Q773** **- Q773**
Q772	***Did (NAME) vomit blood?***	**Yes** **No** **Don't know**	1 2 98	
Q773	***Did (NAME) have severe pains in the abdomen?***	**Yes** **No** **Don't know**	1 2 98	**- Q776**
Q774	***Did (NAME) dislike certain foods?***	**Yes** **No** **Don't know**	1 2 98	 **- Q776** **- Q776**
Q775	***Which foods did he/she dislike?***	**Beans** **Peppers** **Other (specify)**	1 2 98	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q776	***Did (NAME) experience any problems/changes in urination?***	**Yes** **No** **Don't know**	1 2 98	 **- Q782** **- Q782**
Q777	***Did (NAME) have pain during urination?***	**Yes** **No** **Don't know**	1 2 98	
Q778	***During the illness that led to death, did (NAME) pass brown or dark urine?***	**Yes** **No** **Don't know**	1 2 98	
Q779	***During the illness that led to death, did (NAME) have blood in the urine?***	**Yes** **No** **Don't know**	1 2 98	
Q780	***Was (NAME) unable to pass urine during the last days before death?***	**Yes** **No** **Don't know**	1 2 98	
Q781	***Did (NAME) have to urinate a lot?***	**Yes** **No** **Don't know**	1 2 98	
Q782	***Did (NAME) have unusually excessive thirst?***	**Yes** **No** **Don't know**	1 2 98	
Q783	***Did (NAME) complain of severe body pains?***	**Yes** **No** **Don't know**	1 2 98	 **- Q785** **- Q785**
Q784	***Which parts was (NAME) complaining of?*** **Probe for any other parts.**	**Whole body** **Abdomen** **Limbs** **Chest** **Head** **Bones** **Other parts (specify)** **Don't know**	1 2 3 4 5 6 8 98	
Q785	***Did (NAME) have allergic skin reactions to drugs?***	**Yes** **No** **Don't know**	1 2 98	
Q786	***Was(NAME) unable to move limbs? (paralysis)?*** ***If yes, which ones?***	**Yes: one sided** **Yes: both legs** **Yes: both arms** **No** **Don't know**	1 2 3 4 98	
Q787	***During his/her lifetime, did (NAME) usually drink a lot of alcohol?***	**Yes** **No** **Don't know**	1 2 98	
Q788	***Does (NAME) have a spouse who is unwell?***	**No** **Yes: acutely ill** **Yes: chronically ill** **Don't know**	1 2 3 98	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q789	*During the disease that led to death, was advice or treatment sought from anywhere / anyone?*	**Nobody**	1	
		Relative/friends	2	
		N'anga	3	
		Faith healer	4	
		Pharmacist	5	
		Private health facility	6	
		Government dispensary / clinic	7	
		Hospital	8	
	Record all mentioned.	**Don't know**	98	
Q790	*Was he/she given anything when he/she was ill?*	**Yes**	1	
		No	2	**- Q792**
		Don't know	98	**- Q792**
Q791	*What treatment was given?*	**Tablets**	1	
		Capsules	2	
	Anything else?	**Injections**	3	
		ORS packet solution	4	
		Syrup	5	
	Record all mentioned.	**Home remedy**	6	
		Traditional medicine	7	
		Other (specify)	8	
		Don't know	98	
Q792	*Where did (NAME) die?*	**Hospital/clinic**	1	
		On way to hospital	2	
		At home	3	
		Elsewhere	4	
		Don't know	98	
Q792	*Is there a death certificate?*	**Yes**		
		No		**- End**
		Don't know		**- End**
Q793	**Check name.**	**Correct**		
		Incorrect		
Q794	**Record date of death per death certificate.**	mnth / yr		
Q795	**Record place of death per death certificate.**	**Name of place.** ______		
		Harare	1	
		Mutare	2	
		Rusape	3	
		Other town or city	4	
		Small town or growth point	5	
		Estate/mining area	6	
		Roadside business centre	7	
		Rural business centre	8	
		Communal/resettlement area	9	
		Not stated	98	
Q796	**Record age at death per death certificate.**	yrs		
Q797	**Record cause of death per death certificate.**	**Immediate cause** ______		
		Underlying cause ______		