

CAUSE OF DEATH (COD) STUDY

Covariates of Death Events

1. INFORMATION ABOUT THE DECEASED

1.1. Name of the Deceased _____
Last Name First name

1.2. Date of Birth
dd mm yyyy

1.3. Date of Death
dd mm yyyy

1.4. Sex
 1 Male
 2 Female

1.5. Marital status
 (for deceased 10 yrs old and above) 1 Never married
 2 Married
 3 Widowed/separated

1.6. Religion
 1 Roman Catholic
 2 Protestant
 3 Christian
 4 Moslem
 5 Others, specify _____

1.7. Usual place of residence _____

1.8. Municipality of residence at terminal illness _____

1.9. Municipality of residence at death _____

1.10. Number of years of schooling completed Verbatim _____

1.11. Occupation at time of death (Most recent occupation) for deceased more than 10 years old, pls specify _____

1.12. Name of Mother _____
 (if deceased is <12 yrs old) _____
Last Name First name

1.13. Date of Birth of Mother
dd mm yyyy

1.14. Marital status of Mother
 1 Never married
 2 Married
 3 Widowed/separated

1.15. Number of years of schooling completed **VERBATIM** _____

1.16. Occupation , pls specify _____

1.17. Name of Father
(if deceased is <12 yrs old)

Last Name	First name
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
dd	mm yyyy

1.18. Date of Birth

1.19. Number of years of schooling completed **VERBATIM**

1.20. Occupation , pls specify

2. INFORMATION ABOUT THE HOUSEHOLD HEAD

2.1. Name of the HH head

Last Name	First name
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2.2. Date of Birth

dd	mm	yyyy
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2.3. Sex 1 Male

2 Female

2.4. Marital status 1 Never married

2 Married

3 Widowed/separated

2.5. Number of years of schooling completed

2.6. Occupation , pls specify

3. HOUSEHOLD ASSETS

3.1. Does any household member have a health insurance, e.g. PhilHealth, MediCard, CARITAS? 1 Yes

2 No

3.2. Number of HH members **ERBATIM**

3.3. Number of sleeping rooms **VERBATIM**

3.4. Source of drinking water 1 Rain

2 Spring

3 Pond/River/Stream

4 Public unprotected well

5 Public protected well

6 Household unprotected well

7 Household protected well

8 Public tap water

9 Neighbor's tap water

10 Tap water inside the house

11 Bottled

3.5. Toilet type 0 None

1 Antipolo type

- | | | | |
|--|--------------------------|-----------------|--|
| | <input type="checkbox"/> | 2. Water sealed | |
| | <input type="checkbox"/> | 3 Flush type | |
- | | | | |
|----------------------------|--------------------------|-------------------------|--------------------------|
| 3.6. Fuel used for cooking | <input type="checkbox"/> | 0 Sawdust | <input type="checkbox"/> |
| | <input type="checkbox"/> | 1 Charcoal/Coconut husk | |
| | <input type="checkbox"/> | 2. Firewood | |
| | <input type="checkbox"/> | 3 LPG gas | |
| | <input type="checkbox"/> | 4 Electricity | |
- | | | | | | |
|------------------------------|--------------------------|-------|--------------------------|------|--------------------------|
| 3.7. Separate cooking room ? | <input type="checkbox"/> | 1 Yes | <input type="checkbox"/> | 2 No | <input type="checkbox"/> |
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| 3.8. Housing materials: floor | <input type="checkbox"/> | 0 Earth/mid/sand | <input type="checkbox"/> |
| | <input type="checkbox"/> | 1 Bamboo | |
| | <input type="checkbox"/> | 2. Wood | |
| | <input type="checkbox"/> | 3 Cement/Tile | |
- | | | | |
|-----------------------------|--------------------------|-----------------------------|--|
| 3.9. Housing material: roof | <input type="checkbox"/> | 0 Scrap material/sack/boxes | |
| | <input type="checkbox"/> | 1 Thatch/nipa | |
| | <input type="checkbox"/> | 2. GI roofing | |
| | <input type="checkbox"/> | 3 Cement | |
- | | | | |
|------------------------------------|--------------------------|-----------------|--|
| 3.10. Housing material: inner wall | <input type="checkbox"/> | 0 Thatch/leaves | |
| | <input type="checkbox"/> | 1 Bamboo/sawali | |
| | <input type="checkbox"/> | 2. Wood | |
| | <input type="checkbox"/> | 3 Cement/Tile | |
- | | | | | | |
|--------------------------|--------------------------|-------|--------------------------|------|--------------------------|
| 3.11. Have electricity ? | <input type="checkbox"/> | 1 Yes | <input type="checkbox"/> | 2 No | <input type="checkbox"/> |
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| 3.12. Own radio ? | <input type="checkbox"/> | 1 Yes | <input type="checkbox"/> | 2 No | <input type="checkbox"/> |
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|------------------------|--------------------------|-------|--------------------------|------|--------------------------|
| 3.13. Own television ? | <input type="checkbox"/> | 1 Yes | <input type="checkbox"/> | 2 No | <input type="checkbox"/> |
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|---------------------------------|--------------------------|-------|--------------------------|------|--------------------------|
| 3.14. Own a cd/vcd/dvd player ? | <input type="checkbox"/> | 1 Yes | <input type="checkbox"/> | 2 No | <input type="checkbox"/> |
|---------------------------------|--------------------------|-------|--------------------------|------|--------------------------|
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|-----------------------------------|--------------------------|-------|--------------------------|------|--------------------------|
| 3.15. Own a component or karaoke? | <input type="checkbox"/> | 1 Yes | <input type="checkbox"/> | 2 No | <input type="checkbox"/> |
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|--------------------------|--------------------------|-------|--------------------------|------|--------------------------|
| 3.16. Own refrigerator ? | <input type="checkbox"/> | 1 Yes | <input type="checkbox"/> | 2 No | <input type="checkbox"/> |
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|-------------------------------|--------------------------|-------|--------------------------|------|--------------------------|
| 3.17. Own a washing machine ? | <input type="checkbox"/> | 1 Yes | <input type="checkbox"/> | 2 No | <input type="checkbox"/> |
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- | | | | | | |
|------------------------|--------------------------|-------|--------------------------|------|--------------------------|
| 3.18. Own a computer ? | <input type="checkbox"/> | 1 Yes | <input type="checkbox"/> | 2 No | <input type="checkbox"/> |
|------------------------|--------------------------|-------|--------------------------|------|--------------------------|
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|---------------------------|--------------------------|-------|--------------------------|------|--------------------------|
| 3.19. Own landline fone ? | <input type="checkbox"/> | 1 Yes | <input type="checkbox"/> | 2 No | <input type="checkbox"/> |
|---------------------------|--------------------------|-------|--------------------------|------|--------------------------|
- | | | | | | |
|-------------------------|--------------------------|-------|--------------------------|------|--------------------------|
| 3.20. Own mobile fone ? | <input type="checkbox"/> | 1 Yes | <input type="checkbox"/> | 2 No | <input type="checkbox"/> |
|-------------------------|--------------------------|-------|--------------------------|------|--------------------------|
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|-----------------------|--------------------------|-------|--------------------------|------|--------------------------|
| 3.21. Own a bicycle ? | <input type="checkbox"/> | 1 Yes | <input type="checkbox"/> | 2 No | <input type="checkbox"/> |
|-----------------------|--------------------------|-------|--------------------------|------|--------------------------|
- | | | | | | |
|--------------------------|--------------------------|-------|--------------------------|------|--------------------------|
| 3.22. Own a motorcycle ? | <input type="checkbox"/> | 1 Yes | <input type="checkbox"/> | 2 No | <input type="checkbox"/> |
|--------------------------|--------------------------|-------|--------------------------|------|--------------------------|
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|-------------------|--------------------------|-------|--------------------------|------|--------------------------|
| 3.23. Own a car ? | <input type="checkbox"/> | 1 Yes | <input type="checkbox"/> | 2 No | <input type="checkbox"/> |
|-------------------|--------------------------|-------|--------------------------|------|--------------------------|
- | | | | | | |
|-------------------------|--------------------------|-------|--------------------------|------|--------------------------|
| 3.24. Own a motorboat ? | <input type="checkbox"/> | 1 Yes | <input type="checkbox"/> | 2 No | <input type="checkbox"/> |
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4. DISTANCE AND TRAVEL TIME TO BRH (TO BE ASKED ONLY IF DEATHS TOOK PLACE AT BRH; OTHERWISE PROCEED TO SECTION 5.)

- 4.1. Distance of residence to BRH in kilometers
(if residence is outside the poblacion, get the distance of the barangay from the poblacion) information on distance will be validated from existing information. |||
- 4.2. Did you bring the deceased directly to BRH? 1 Yes **CONTINUE** 2 No **SKIP TO 4.5**
- 4.3. If Yes, how long did you have to travel from your house to BRH (in minutes) ? **VERBATIM** _____ |||
- 4.4. How much did you spend to travel to BRH ? **VERBATIM** _____ ||||

TERMINATE INTERVIEW

- 4.5. If NO, to which hospital, health facility or physician, did you bring her/him to **FIRST** before s/he was moved to BRH? **VERBATIM** _____ ||
- 4.6. How long did you have to travel from your house to this facility in minutes ? **VERBATIM** _____ |||
- 4.7. How much did it cost you to travel from your house to this facility ? **VERBATIM** _____ ||||
- 4.8. How long did you have to travel from this facility to BRH ? **VERBATIM** _____ |||
- 4.9. How much did it cost you to travel from this facility to BRH ? **VERBATIM** _____ ||||

TERMINATE INTERVIEW

5. DISTANCE AND TRAVEL TIME TO NEAREST HOSPITAL AND BRH (TO BE ASKED OF ALL DEATH EVENTS WHICH DID NOT TAKE PLACE IN BRH)

- 5.1. Where the deceased die ? 1 Home **(CONTINUE)**
 2 Hospital, name of hospital _____
SKIP TO Q 5.4.
 3 On the road **SKIP TO Q.5.10.**
 4 Others, _____
SKIP TO Q 5.10.

5.2. If you were to bring the deceased to BRH, how long would it take you to go there (in minutes)? **VERBATIM** _____ |_|||_|_|_|_|

5.3. How much would it cost you to go there ? **VERBATIM** _____ |_|||_|_|_|_|_|

TERMINATE INTERVIEW

5.4. Did you bring the deceased directly to this facility? 1 Yes 2 No **CONTINUE** **SKIP TO 5.7.** |_|

5.5. How long did you have to travel from your house to this facility (in minutes)? **VERBATIM** _____ |_|||_|_|_|_|

5.6. How much did it cost you to travel to this facility ? **VERBATIM** _____ |_|||_|_|_|_|_|

TERMINATE INTERVIEW

5.7. If NO, to which hospital, health facility or physician, did you bring her/him to **FIRST** before s/he was brought to the facility where s/he died ? **VERBATIM** _____ |_|_|_|

5.6. How long did you have to travel from your house to this facility (in minutes) ? **VERBATIM** _____ |_|||_|_|_|_|

5.7. How much did it cost you to travel from your house to this facility ? **VERBATIM** _____ |_|||_|_|_|_|_|

5.8. How long did you have to travel from this facility to the facility where the deceased died ? **VERBATIM** _____ |_|||_|_|_|_|_|

5.9. How much did it cost you to travel from the first facility to the facility where the deceased died ? **VERBATIM** _____ |_|||_|_|_|_|_|

TERMINATE INTERVIEW

5.10. Where did you plan to bring the deceased then ? **VERBATIM** _____ |_|_|_|

5.11. How long would you have to travel to get there (in minutes) ? **VERBATIM** _____ |_|||_|_|_|_|

|_|||_|_|_|_|

5.12. How much would it have cost you to get there (in minutes) ?

VERBATIM _____

|_|_|_|_|_|_|_|

5.13. If you were to bring the deceased to BRH, how long would it take you to go there (in minutes)?

VERBATIM _____

|_|_|_|_|_|

5.14. How much would it cost you to go there ?

VERBATIM _____

|_|_|_|_|_|_|_|

TERMINATE INTERVIEW

Name of Data Abstractor _____

Date of Household Visit |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
 dd mm yyyy