

CAUSE OF DEATH (COD) STUDY COVARIATES INFORMATION OF DEATHS CHANDPUR DISTRICT, BANGLADESH

1. INFORMATION ABOUT THE DECEASED

Upazila: _____ Village/Moholla: _____ Bari/Holding# _____

1.1	Name of the deceased		RID: _____		
			CID: _____		
1.2	Date of death		__ __ dd	__ __ mm	__ __ __ __ yyyy
1.3	Date of birth: Age _____ years		__ __ dd	__ __ mm	__ __ __ __ yyyy
1.4	Sex		Code: 1 = Male, 2 = Female __ 		
1.5	Marital status (for 12 yrs old and above)		Code: 1 = Never married, 2 = Married, 3 = Divorced 4 = Separated, 5 = Widowed __ 		
1.6	Religion	Codes: 1 = Islam, 2 = Hindu, 3 = Buddhist, 4 = Christianity, 5 = Others (specify) _____			__
1.7	Municipality/Pourasava of residence	Yes = 01, No = 02, Don't know = 03			__ __
1.8	Number of years of schooling completed (passed)				__ __
1.9	Was s/he continuing the schooling?			Yes = 01, No = 02 __ __ 	
1.10	Occupation at time of death (most recent occupation) for deceased more than 10 years old, please specify _____				__ __ __
	If deceased was <12 yrs old	Mother		Father	
1.11	Name/ CID				
1.12	Date of birth				
1.13	Education (class passed)				
1.14	HDSS occupation and code		__ __ __	__ __ __	
1.15	Marital status Codes: 1 = Never married, 2 = Married, 3 = Divorced, 4 = Separated, 5 = Widowed				__

2. INFORMATION ABOUT THE HOUSEHOLD HEAD

2.1	Name of the HH head & CID		CID: _____		
2.2	Date of Birth: Age _____ years		__ __ dd	__ __ mm	__ __ __ __ yyyy
2.3	Sex		Code: 1 = Male, 2 = Female __ 		
2.4	Marital status (for 12 yrs old and above)		Code: 1 = Never married, 2 = Married 3 = Divorced, 4 = Separated, 5 = Widowed __ 		
2.5	Education (class passed) _____				__ __
2.6	HDSS occupation and code _____				__ __ __
2.7	Does any household member have a health insurance?			__ 1=Yes __ 2= No	
2.8	If yes, specify the insurance				

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3. TRAVEL TIME TO UPAZILA HEALTH COMPLEX (UHC)/DISTRICT HOSPITAL (DH) / PRIVATE CLINIC (PC)/ OTHER HOSPITAL (OH), FOR HOSPITAL DEATH ONLY

3.1	Distance of residence at time of terminal illness to UHC/DH / PC/ OH in kilometers (Information on distance will be validated from existing information)	_1_ _2_ _3_ _4_ UHC DH PC OH Km	
3.2	Did you bring the deceased directly to UHC/DH/ PC/ OH?	_ 1 Yes CONTINUE	_ 2 No SKIP TO 3.5
3.3	If Yes, how long did you have to travel from your house to UHC/DH/PC/OH in minutes?	VERBATIM	
3.4	How much did you spend to travel to UHC/DH /PC/OH in taka? TERMINATE INTERVIEW	VERBATIM	
3.5	If NO, to which hospital, health facility or physician, did you bring her/him to FIRST before s/he was moved to UHC/DH/ PC/ OH	VERBATIM	
3.6	How long did you have to travel from your house to this facility in minutes?	VERBATIM	
3.7	How much did it cost you to travel from your house to this facility in taka?	VERBATIM	
3.8	How long did you have to travel from this facility to UHC/DH/ PC/ OH in minutes?	VERBATIM	
3.9	How much did it cost you to travel from this facility to UHC/DH/ PC/ OH in taka?	VERBATIM	

4. HOUSEHOLD ASSETS

4.1	Land own (in decimal)	Homestead 	Agriculture and others 	Total
4.2	Number of HH members			
4.3	Number of sleeping rooms			
4.4	Main source of drinking water	01 Tube well (green) 02 Tube well (red) 03 Tube well (not yet tested) 04 Deep tube well (600+ feet) 05 Pond / River/Ditch/Canal 06 PSF/RSF (Pond Sand Filter/River Sand Filter) 07 Three pitchers 08 Rain water 09 Other water filters 10 Piped water from own house 11 Piped water from neighbor/ public taps 12 Others (specify)		

4.5	Toilet type used by females	01 Sanitary latrine 02 Ring/ Slab but waste not drained out 03 Ring/ Slab but waste drained out 04 <i>Pacca</i> latrine but waste drained out 05 <i>Kancha</i> latrine 06 Other (specify)									
4.6	Fuel used for cooking	01 Gas 02 Firewood/straw/charcoal 03 Cow dung/leaves 04 LPG gas 05 Electricity 06 Kerosine 07 Other									
4.7	Housing materials (dwelling):	01 Earth/Mud 02 Cement/Tiles 03 Tin 04 Thatch/Straw/Leaves 05 Scrap materials/Sack/Polythine 06 Wood 07 Bamboo 08 Other, specify			<table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Roof</td> <td>Wall</td> <td>Floor</td> </tr> </table>				Roof	Wall	Floor
Roof	Wall	Floor									
		1 = Yes 2 = No			1 = Yes 2 = No						
4.8	Separate cooking room ?		4.26	Own pump for irrigation?							
4.9	Have lantern (<i>Hurricane</i>)?		4.27	Own thresher machine?							
4.10	Have quilt/blanket?		4.28	Have solar panel (connection)?							
4.11	Have mattress?		4.29	Own a sewing machine?							
4.12	Have bed stand (khat/chowki)?		4.30	Own a CD/VCD/DVD player?							
4.13	Have chair/table?		4.31	Own landline phone?							
4.14	Have rickshaw/rickshaw van?		4.32	Own a country boat							
4.15	Own bicycle?		4.33	Own a motorboat?							
4.16	Own mobile phone?		4.34	Have fishing net?							
4.17	Have dining table?		4.35	Have chicken/duck? (mention #)							
4.18	Have showcase/almirah?		4.36	Have cow/goat? (mention #)							
4.19	Have sofa set?		4.37	Own a shop?							
4.20	Have electricity?		4.38	Own fridge/refrigerator?							
4.21	Have electric fan?		4.39	Own a motorcycle?							
4.22	Own radio?		4.40	IPS (Instant Power Supply)							
4.23	Own television?		4.41	Own a computer?							
4.24	Auto rickshaw: CNG/ Battery/Petrol		4.42	Own a car?							
4.25	Own power tiller?		4.43	Generator							

Name of Interviewer: _____ Code |__|__|__|

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