**DCF06 - Vital Status Form**

Are you able to locate the household? *required*

* Yes
* No

If you cannot locate the household, are you able to infer the vital status of the household members? *required*

* Yes
* No

How are you able to infer the vital status of the household members? *required*

\*\*Please fill the following information for \_\_\_\_ .\*\*

Vital Status question *required*

* Alive
* Died
* Moved
* Unknown

Is the person who answered the previous question a parent or other caretaker of the deceased child? *required*

* Yes
* No

Is date of death known? *required*

* Yes
* No

Date of death *required*

Estimation of date of death *required*

Does the respondent know how the child died? *required*

* Yes
* No

Briefly explain how the child died i.e. symptoms, duration of illness, any diagnosis given at a health facility *required*

Categorization of cause of death *required*

* Trauma
* Acute illness of 2 weeks or less of duration
* Prolonged illness of more than 2 weeks of duration
* Other
* Cause Unknown

Is the adult pregnant? *required*

* Yes
* No

How many months pregnant? *required*

If the adult was pregnant during previous visit, what was the outcome of the pregnancy *required*

* The adult wasn't pregnant during previous visit
* Still pregnant
* One live born child
* More than 1 live born child
* Induced abortion
* Miscarriage
* Other

Are there new household members? *required*

* Yes
* No

*Please register the new household members with either Adult enumeration form (DCF01c) or Child enumeration form (DCF01d)*