

WORLD HEALTH ORGANIZATION - Questionnaire on mortality data

This questionnaire consists of two sections: the first section deals with overall mortality regardless of causes of death while the second section is concerned with cause specific mortality.

Instructions: For most questions, you simply need to select the right answer by checking the appropriate box.

If more than one answer applies, please check all appropriate boxes.

You should type information in the grey cells if necessary.

Please return the completed questionnaire to mafatd@who.int or inouem@who.int
or fax to +41 22 791 4328, attention WHO/COD team by latest 31 May 2005

Country:

Section I: Overall mortality regardless of causes of death

A. Routinely collected data

Do you have a national compulsory death registration system? Yes No

if no please go to B

A.1) Registration process

A.1.a At local/individual level

Where are the deaths reported?

- a) Civil registry
- b) Local health authority
- c) Local police authority
- d) Other (please specify)

A.1.b At the national level

Who is responsible for the final data?

- a) Ministry of Health
- b) Ministry of Family/Social Welfare or equivalent
- c) Ministry of Interior / Home Affairs / Home Office
- d) Central statistical office
- e) Other (please specify)

A.2) What is your national estimated completeness of overall registered deaths?

- | | | | |
|-----------|--------------------------|---|--------------------------|
| a) < 50% | <input type="checkbox"/> | e) 80-89% | <input type="checkbox"/> |
| b) 50-59% | <input type="checkbox"/> | f) 90+% | <input type="checkbox"/> |
| c) 60-69% | <input type="checkbox"/> | g) Specify if the exact percentage is known | <input type="checkbox"/> |
| d) 70-79% | <input type="checkbox"/> | h) Information not available | <input type="checkbox"/> |

Please specify if any particular area, region or population group of your country is not included in the mortality data provided to WHO or is significantly underreported in comparison to other areas, regions or population groups :

A.2.a Please specify the year to which the estimated completeness refers

A.2.b What is the source of your completeness estimate?

Indicate the methodology used: demographic analysis, dual record check, other (specify). List any published or unpublished reports describing completeness of registration and methods used in arriving at estimated completeness.

A.3) Territory officially covered by the registration system

a) Does the above information on data collection include all overseas territorial units under your administration if any? Yes No Not applicable

b) Do the data provided to WHO include the territories concerned by (a) Yes No Not applicable

c) Indicate the territories included

d) Indicate the territories excluded

A.4) Population officially covered by the registration system

- a) Are deaths of foreign residents included? Yes No
b) Are deaths of nationals dying abroad included? Yes No
c) Are deaths of tourists/non permanent residents/asylum seekers/illegal immigrants included? Yes No

if answer is yes to question (c) then please specify the categories included

d) Other (please specify)

e) Information not available

A.5) Do you include military personnel (armed forces) in the registration system

- a) dying within the country? Yes No Not applicable

if no, who is responsible for recording these deaths

- a) Ministry of Defence
b) Ministry of Foreign Affairs or equivalent
c) Other (please specify)

- b) dying abroad? Yes No Not applicable

if no, who is responsible for recording these deaths

- a) Ministry of Defence
b) Ministry of Foreign Affairs or equivalent
c) Other (please specify)

B. Other data

B.1) Census

B.1.a When was your last census conducted?

B.1.b Have you ever included a mortality module in your national census? See list in B.1.c below Yes No

if no, go to question B.2

B.1.c Indicate the modules included

Module

- a) Recent deaths in the household years of census
- b) Child ever born AND still alive years of census
- c) Maternal mortality years of census
- d) Orphanhood years of census
- e) Sibling survival years of census

What was the recall period used?

f) List other modules if any

years of census:
years of census:
years of census:

B.1.d Can the number of deaths by age and sex in a specified time period be derived from the module?

Yes No

Do you have this information for:

- a) Total population Yes No
- b) Population subgroups: women Yes No
- children Yes No
- other (please specify)

B.2) For the last 10 years do you have other sources of information on adult and/or child mortality (please specify the name and conducted year)

- a) Household survey: child - adult
- b) Micro census: child - adult
- c) Sample vital registration system
- d) Other

Section II. Causes-of-Death

A. If you have a compulsory national death registration system, is the cause of death part of the information collected? Yes No

B. Do you use the current International Form of Medical Certificate of Cause of Death as recommended by WHO in ICD-10? Yes No

If yes, please indicate for which data year this Certificate was first used.

B.1) How many lines are present in Part I of your death certificate? 1 2 3 4 5 6 or more

Please send a copy of the death registration form used. If you are using more than one death certificate (for eg. different forms for doctors and coroners/medical examiners, others), please also include copies.

C. Do you use the WHO recommended certificate of cause of perinatal death? Yes No

If no, please send a copy of the perinatal death registration form that is used

D. On the basis of all deaths which occurred in the country, what is the percentage of those deaths that are included in the cause-of-death statistics provided to WHO:

- | | | | |
|-----------|--------------------------|---|--------------------------|
| a) < 50% | <input type="checkbox"/> | e) 80-89% | <input type="checkbox"/> |
| b) 50-59% | <input type="checkbox"/> | f) 90+% | <input type="checkbox"/> |
| c) 60-69% | <input type="checkbox"/> | g) Specify if the exact percentage is known | <input type="text"/> |
| d) 70-79% | <input type="checkbox"/> | h) Information not available | <input type="checkbox"/> |

Please specify the source of this estimated coverage

E. Please indicate the percentage of registered deaths that are certified in your country by

- | | | | | | | | | | | | | |
|---|----------|--------------------------|---|--------------------------|-----------|--------------------------|-----------|--------------------------|-----------|--------------------------|------------------------------|--------------------------|
| a) Medical doctors | a) < 50% | <input type="checkbox"/> | b) 50-59% | <input type="checkbox"/> | c) 60-69% | <input type="checkbox"/> | d) 70-79% | <input type="checkbox"/> | e) 80-89% | <input type="checkbox"/> | h) Information not available | <input type="checkbox"/> |
| | f) 90+% | <input type="checkbox"/> | g) Specify if the exact percentage if known | <input type="text"/> | | | | | | | | |
| b) Coroners or other medico-legal authority | a) < 50% | <input type="checkbox"/> | b) 50-59% | <input type="checkbox"/> | c) 60-69% | <input type="checkbox"/> | d) 70-79% | <input type="checkbox"/> | e) 80-89% | <input type="checkbox"/> | h) Information not available | <input type="checkbox"/> |
| | f) 90+% | <input type="checkbox"/> | g) Specify if the exact percentage if known | <input type="text"/> | | | | | | | | |
| c) Others | a) < 50% | <input type="checkbox"/> | b) 50-59% | <input type="checkbox"/> | c) 60-69% | <input type="checkbox"/> | d) 70-79% | <input type="checkbox"/> | e) 80-89% | <input type="checkbox"/> | h) Information not available | <input type="checkbox"/> |
| | f) 90+% | <input type="checkbox"/> | g) Specify if the exact percentage if known | <input type="text"/> | | | | | | | | |

If you reply to (c) then please specify who are the certifiers

F. Please indicate the percentage of registered deaths occurring in a hospital or other medical institution.

- a) < 50% b) 50-59% c) 60-69% d) 70-79% e) 80-89%
f) 90+% g) Specify if the exact percentage if known h) Information not available

G. Please indicate the percentage of registered deaths for which an autopsy/post-mortem was performed.

- a) < 50% b) 50-59% c) 60-69% d) 70-79% e) 80-89%
f) 90+% g) Specify if the exact percentage if known h) Information not available

H. Do you undertake follow-up enquiries to the certifier in case of doubt or inconsistency about the cause of death?

Yes No

If yes, what is the percentage of all deaths for which an enquiry is made?

- a) < 50% b) 50-59% c) 60-69% d) 70-79% e) 80-89%
f) 90+% g) Specify if the exact percentage if known h) Information not available

I. Do you use other techniques in the country in order to obtain information on cause-of-death?

- a) Verbal autopsy When was the last year it was done? Which sample of population was covered?
b) Sample survey When was the last year it was done? Which sample of population was covered?
c) Other (please specify) When was the last year it was done? Which sample of population was covered?

J. Please indicate if the cause-of-death statistics provided to WHO are compiled by date of occurrence or date of registration.

- a) Date of occurrence
b) Date of registration

K. Describe the coding procedure: (if more than one answer applies, please check appropriate boxes)

- a) Centralized
b) Decentralized, done at the local/regional level
c) Locally/regionally coded but checked at the central level
d) Other (please specify)

L. Who selects the underlying cause of death on the medical certificate and assigns an ICD code?

- a) The certifier
- b) A doctor other than the certifier
- c) A clinical coder
- d) Administration officer/clerk
- e) Medical record officer/health information manager
- f) Statistical assistant
- g) An automated computerized system
- h) Other (please specify)

M. Which ICD revision are you currently using? 6 7 8 9 10 none

N. For deaths due to external causes, do you perform dual coding of both the external cause and the nature of injury? Yes No

O. Does the death registration form include a question on pregnancy at the time of death or pregnancy in the last 12 months? Yes No

Please provide any additional information that you consider relevant to our understanding of your vital registration system and the mortality data thus derived. You may also include publications and web site addresses

Please provide the name and e-mail address of a contact person with regard to the answers to this questionnaire.

Name:

E-mail address:

Thank you for your collaboration