

## DEMOGRAPHIC SAMPLE SURVEY IN WEST CAMEROON

I N S T R U C T I O N    N<sup>o</sup> 4

## F O R M    D 8

D E A T H        F O R M

In Form D I we have recorded all deaths that happened during the twelve months preceding the Enumeration day. But it is not sufficient: if we find that, in a given area, mortality is very high (that is, if the deaths are very numerous), we must be in a position to know why it is so, so that adequate action may be taken to remedy to that situation. In order to obtain the information required, you are going to fill Forms D 8.

General Directions

A Form D 8 will be used for each person whose death has been recorded for the last twelve months (first inset of Form D I), You do not fill a Form D 8 in respect to the last death prior to the beginning of the twelve months' period (second inset).

Two Forms D 8 are included in the same sheet. If you have to use only one, fill the upper form and strike the lower one.

When filling a Form D 8, you must always use the Appendix to Form D 8 which is the International Classification of Causes of Deaths.

HOW TO FILL FORM D 8

DIVISION

ST (Strata)

VILLAGE

HOUSE N<sup>o</sup>

Same as in FORM DI

N<sup>o</sup> OF DEATH RECORDING: enter here the number of the death in the first inset of FORM D I

NAME (and surname) of deceased person

SEX: M (Male) or F (Female)

MS (Marital Status): Use same coding as in FORM DI

AGE: If less than one month, in days (D)

If less than one year, in months (M)

If more than one year and less than two years in year (Y) and months (M)

If two years or more in years (Y)

TRIBE: Same instruction as for FORM D I

PLACE OF DEATH: Same instruction as for FORM DI

HOSPITAL: Same instruction as for first inset in FORM D I  
(Yes or No)

DATE OF DEATH: Day, month and Year.

The month and the year must always be stated, if you do not know the exact day, draw a dash.  
Do not put down a day if you are not sure.

R E C O R D I N G   O F   C A U S E (Most important)

CAUSE No:

You will use APPENDIX TO FORM D 8 (CLASSIFICATION OF THE CAUSE OF DEATH).

You must ask the questions in the order in which they appear in the APPENDIX. If more than one of the causes seems to be relevant, enter the one with the lowest code number.

For instance: If the deceased person had stomach-ache with diarrhoea (No 6) and was breathless with coughing and that the illness was short (No 8), put down No 6.

OBSERVATIONS:

If you know the name of the disease, you write it down: "Measles", "Meningitis", "Yaws", and so on. If you happen to know the vernacular name, but not the corresponding word in English, you write down the vernacular name and in brackets the language ("Bali", "Banyang").

You mention any circumstances that you may have knowledge of and that might be helpful in order to identify the disease.

F O R   C H I L D R E N   U N D E R   F I V E   O N L Y

NUMBER OF MOTHER: State the number of the deceased child's mother (FORM D2).

AGE OF MOTHER

BIRTH-RANK OF CHILD: Birth-rank means the chronological order of the birth of the child among all live births of the mother (whether the other children are now living or dead).

