

Study ID#

Village/Cluster				HH		Child			

**CHILD HEALTH EPIDEMIOLOGY REFERENCE GROUP
SB/NN/CHILD SOCIAL AUTOPSY QUESTIONNAIRE**

SOCIAL AUTOPSY GENERAL INFORMATION (FOR STILLBIRTHS, NN & CHILD DEATHS 0—59 MONTHS OLD)

Section 1: Background about the deceased

Interviewer: Before going to the field to do the interview, copy the following information from the past verbal autopsy record.

G1.1	Address of the household <i>[Copy the household address]</i>	State _____	<input type="checkbox"/> <input type="checkbox"/>																
		District _____	<input type="checkbox"/> <input type="checkbox"/>																
		Block _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																
	Village _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																
	Directions to the household <i>[Copy the directions to the household]</i>																		
	Sketch a map if needed																		
G1.2	Name of the deceased (if known) <i>[Copy the name of the deceased]</i>																		
G1.3	Sex of deceased <i>[Copy the sex of the deceased]</i>	1. Male 2. Female	<input type="checkbox"/>																
G1.4	Date of birth of the deceased <i>[Copy the day, month and year of birth of the deceased]</i>	<table style="margin: auto;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table> <i>(DK = 99/99/9999)</i>										D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
G1.5	Date of death of the deceased <i>[Copy the day, month and year of death of the deceased]</i>	<table style="margin: auto;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table> <i>(DK = 99/99/9999)</i>										D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
G1.6	Last known age of the deceased <i>[Copy the last known age of the deceased: Record days if less than 28 days—if less than 24 hours, record "00" days; Record months if 28 days-11 months; Record years if 1 year or older.]</i>	____ Days 1 or more → GQ1.7 <i>(DK = 99)</i>																	
		____ Months → GQ1.7 <i>(DK = 99)</i>																	
		____ Years → GQ1.7 <i>(DK = 99)</i>																	
G1.6.1	Was this a stillbirth or neonatal death? <i>[Copy this information from the record]</i>	1. Stillbirth 2. Neonatal death	<input type="checkbox"/>																
G1.7	Name of mother <i>[Copy the name of the mother]</i>																		

G1.8	Name of father <i>[Copy the name of the father]</i>
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INTERVIEWER: Check GQ1.6 & 1.6.1 to determine if this was a stillbirth, neonatal (less than 28 days) or older child death:

SBs and Neonatal deaths: From the past VA interview, mark (X) the mother's complications in the last 3 months of the pregnancy and during labor and delivery in GQ1.9. For neonatal deaths, also mark (X) the newborn's illness symptoms in GQ1.10.

Older child deaths: From the past VA interview, mark (X) the child's illness symptoms in GQ1.11.

G1.9	VA maternal symptoms [Mark the mother's VA last 3-months pregnancy and labor/delivery complications]					
	1. Convulsions = VAQ#	<input type="checkbox"/>	7. Too weak to get out of bed = VAQ#	<input type="checkbox"/>	13. Fever = VAQ#	<input type="checkbox"/>
	2. High blood pressure = VAQ#	<input type="checkbox"/>	8. Severe abdominal pain = VAQ#	<input type="checkbox"/>	14. Smelly vaginal discharge = VAQ#	<input type="checkbox"/>
	3. Severe anemia = VAQ#	<input type="checkbox"/>	9. Fast or difficult breathing = VAQ#	<input type="checkbox"/>	15. Early/preterm labor = VAQ#	<input type="checkbox"/>
	4. Diabetes = VAQ#	<input type="checkbox"/>	10. Puffy face = VAQ#	<input type="checkbox"/>	16. Water broke 6 or more hours before labor = VAQ#	<input type="checkbox"/>
	5. Severe headache = VAQ#	<input type="checkbox"/>	11. Any vaginal bleeding before labor = VAQ#	<input type="checkbox"/>	17. Labor for 12 or more hours = VAQ#	<input type="checkbox"/>
	6. Blurred vision = VAQ#	<input type="checkbox"/>	12. Excessive bleeding during L/D = VAQ#	<input type="checkbox"/>	18. Other (specify) = VAQ# _____)	<input type="checkbox"/>

G1.10	VA neonatal symptoms [Mark the newborn's VA symptoms]					
	1. Birth injury = VAQ#	<input type="checkbox"/>	12. Chest indrawing = VAQ#	<input type="checkbox"/>	23. Skin bumps with pus or blisters = VAQ#	<input type="checkbox"/>
	2. Gross malformation = VAQ#	<input type="checkbox"/>	13. Grunting = VAQ#	<input type="checkbox"/>	24. Ulcers/pits = VAQ#	<input type="checkbox"/>
	3. Did not breathe immediately after birth = VAQ#	<input type="checkbox"/>	14. Spasms or convulsions = VAQ#	<input type="checkbox"/>	25. Large area of skin with redness and swelling = VAQ#	<input type="checkbox"/>
	4. Difficulty breathing at birth = VAQ#	<input type="checkbox"/>	15. Fever = VAQ#	<input type="checkbox"/>	26. Skin turned black = VAQ#	<input type="checkbox"/>
	5. Did not cry within 5 minutes after birth = VAQ#	<input type="checkbox"/>	16. Cold to touch = VAQ#	<input type="checkbox"/>	27. Bleeding from anywhere = VAQ#	<input type="checkbox"/>
	6. Stopped being able to cry = VAQ#	<input type="checkbox"/>	17. Lethargic = VAQ#	<input type="checkbox"/>	28. More frequent loose or liquid stools than usual = VAQ#	<input type="checkbox"/>
	7. Not able to suckle normally during the first day of life = VAQ#	<input type="checkbox"/>	18. Unresponsive or unconscious = VAQ#	<input type="checkbox"/>	29. Vomited everything = VAQ#	<input type="checkbox"/>
	8. Stopped being able to suckle normally = VAQ#	<input type="checkbox"/>	19. Bulging fontanelle = VAQ#	<input type="checkbox"/>	30. Yellow skin = VAQ#	<input type="checkbox"/>
	9. Not able to open his/her mouth = VAQ#	<input type="checkbox"/>	20. Pus draining from the umbilicus = VAQ#	<input type="checkbox"/>	31. Yellow eyes = VAQ#	<input type="checkbox"/>
	10. Difficult breathing = VAQ#	<input type="checkbox"/>	21. Umbilical redness (not extending to the skin) = VAQ#	<input type="checkbox"/>	32. Appeared health and then died suddenly = VAQ#	<input type="checkbox"/>
	11. Fast breathing = VAQ#	<input type="checkbox"/>	22. Umbilical redness (extending to the skin) = VAQ#	<input type="checkbox"/>		<input type="checkbox"/>

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G1.11	VA older child symptoms <i>[Mark the child's VA symptoms]</i>					
	1. Fever = VAQ#	<input type="checkbox"/>	13. Convulsions or fits = VAQ#	<input type="checkbox"/>	25. Swelling in the armpits = VAQ#	<input type="checkbox"/>
	2. Frequent loose or liquid stools = VAQ#	<input type="checkbox"/>	14. Unconscious = VAQ#	<input type="checkbox"/>	26. White rash in mouth = VAQ#	<input type="checkbox"/>
	3. Bloody stools = VAQ#	<input type="checkbox"/>	15. Stiff neck = VAQ#	<input type="checkbox"/>	27. Bleeding from anywhere = VAQ#	<input type="checkbox"/>
	4. Cough (not severe) = VAQ#	<input type="checkbox"/>	16. Bulging fontanelle = VAQ#	<input type="checkbox"/>	28. Skin turned black = VAQ#	<input type="checkbox"/>
	5. Severe cough = VAQ#	<input type="checkbox"/>	17. Skin rash = VAQ#	<input type="checkbox"/>	29. Traffic accident = VAQ#	<input type="checkbox"/>
	6. Vomited after coughing = VAQ#	<input type="checkbox"/>	18. Blisters with clear fluid = VAQ#	<input type="checkbox"/>	30. Fall = VAQ#	<input type="checkbox"/>
	7. Difficult breathing = VAQ#	<input type="checkbox"/>	19. Became very thin = VAQ#	<input type="checkbox"/>	31. Drowning = VAQ#	<input type="checkbox"/>
	8. Fast breathing = VAQ#	<input type="checkbox"/>	20. Swollen legs or feet = VAQ#	<input type="checkbox"/>	32. Poisoning = VAQ#	<input type="checkbox"/>
	9. Chest indrawing = VAQ#	<input type="checkbox"/>	21. Skin flaked off in patches = VAQ#	<input type="checkbox"/>	33. Venomous animal bite or sting = VAQ#	<input type="checkbox"/>
	10. Stridor = VAQ#	<input type="checkbox"/>	22. Hair turned red or yellow = VAQ#	<input type="checkbox"/>	34. Burn (fire) = VAQ#	<input type="checkbox"/>
	11. Grunting = VAQ#	<input type="checkbox"/>	23. Protruding belly = VAQ#	<input type="checkbox"/>	35. Violent injury = VAQ#	<input type="checkbox"/>
	12. Wheezing = VAQ#	<input type="checkbox"/>	24. Pallor = VAQ#	<input type="checkbox"/>	36. Other injury (specify _____) = VAQ#	<input type="checkbox"/>

Section 2: Background about the interview

Interviewer: Before and after the interview, fill in this section. These questions should not be asked of the respondent.

G2.1	Language of the interview				
G2.2	Interviewer name and ID number	_____			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G2.3	Dates of attempted and successful interviews	DATE		RESULT OF THE INTERVIEW	
G2.3.1	Date of first interview attempt	_ / _ / _ _ _ _ D D M M Y Y Y Y			Interim result: <input type="checkbox"/>
G2.3.2	Date of second interview attempt	_ / _ / _ _ _ _ D D M M Y Y Y Y			Interim result: <input type="checkbox"/>
G2.3.3	Date of third interview attempt	_ / _ / _ _ _ _ D D M M Y Y Y Y			Interim result: <input type="checkbox"/>

G2.4	Date interview started <i>[Equals date of the last attempt]</i>	<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td></tr> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>									D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y												
G2.5	Time interview started <i>[Record hour 1-24 / minutes 1-60]</i>	<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td></tr> <tr><td style="text-align: center;">H</td><td style="text-align: center;">R</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td></tr> </table>					H	R	M	M									
H	R	M	M																
G2.6	Date interview finished <i>[Equals date started or a later date]</i>	<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td></tr> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>									D	D	M	M	Y	Y	Y	Y	Final result: <input style="width: 30px; height: 20px; margin-top: 5px;" type="checkbox"/>
D	D	M	M	Y	Y	Y	Y												
G2.7	Time interview finished <i>[Record hour 1-24 / minutes 1-60]</i>	<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td></tr> <tr><td style="text-align: center;">H</td><td style="text-align: center;">R</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td></tr> </table>					H	R	M	M									
H	R	M	M																
	<p>Interview result codes:</p> <ol style="list-style-type: none"> 1. Completed (Final result code) 2. Partially completed (Final result code) 3. Eligible respondent postponed interview 4. No eligible respondent at home at time of visit 		<ol style="list-style-type: none"> 5. Eligible respondent refused interview 6. No eligible respondent lives in household 7. No household member at home 8. Dwelling vacant / destroyed / not found 9. In progress (Interim result code) 																
G2.8	Date form checked by supervisor	<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td></tr> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>									D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y												
G2.9	Date entered in computer	<table style="margin: auto; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td></tr> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>									D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y												

INTERVIEW BEGINS

Instructions to interviewer: Introduce yourself and explain the purpose of your visit. Ask to speak to the mother or to another adult who was the deceased's main caregiver during the illness that led to death. If this is not possible, arrange a time to revisit the household when the caregiver will be home. (See example below.)

"My name is [your name]. I am an interviewer with the _____ project. I have been informed that a child death has occurred in your household. I am very sorry to hear this. Please accept my sympathies. For the purpose of improving health care, we are collecting information on recent child deaths in this area. I would like to talk to the mother or main caregiver of <NAME> and ask some questions about the events and any symptoms that <NAME> had during her/his illness before death."

Section 3: Consent

INTERVIEWER: Read the consent form to the respondent. Ask the respondent if he or she has any questions. Once any questions are answered, ask the respondent if he or she is willing to take part in the study.

G3.1	INTERVIEWER: Did respondent give consent?	<ol style="list-style-type: none"> 1. Yes 2. No 	<input style="width: 30px; height: 20px; margin-bottom: 5px;" type="checkbox"/> 2 → Thank respondent for their time and end the interview.
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Section 4: Information about the respondent

Read: I would now like to ask you some general questions about yourself.

G4.1	What is your (the respondent's) name?		
G4.2	INTERVIEWER: What is the sex of the respondent?	<ol style="list-style-type: none"> 1. Male 2. Female 	<input style="width: 30px; height: 20px;" type="checkbox"/>

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G4.3	What is your relationship to the deceased child?	1. Mother 2. Father 3. Grandmother 4. Grandfather 5. Aunt 6. Uncle 7. Brother 8. Sister 9. Birth attendant (<i>specify type</i>) 10. Other male (<i>specify</i>)..... 11. Other female (<i>specify</i>).....	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
G4.4	How old are you?	____ ____ Years (DK = 99)	
G4.5	How many years of school did you complete?	____ ____ Years >6 years (<1 = 00; DK = 99) → GQ5.7	
G4.5.1	Now I would like you to read this sentence to me. (<i>Show card to respondent</i>) If she cannot read the whole sentence, probe: Can you read any part of the sentence to me?	1. Cannot read at all 2. Able to read only part of sentence 3. Able to read whole sentence 4. No card available to show mother 8. Refused to read card	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>

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Section 5: Information about others at the interview

G5.7	INTERVIEWER: Are there other people present during the interview?	1. Yes 2. No	<input type="checkbox"/> 2 → GQ5.9			
G5.8	INTERVIEWER: In addition to the respondent, how many people are present during the interview?	____ Other people (DK = 99)				
G5.9	INTERVIEWER: Mark the respondent in the below table and whether s/he was present during the child's illness and/or death. For each other person present at the interview, ask the respondent their relationship to the deceased and whether they were present during the child's illness and/or at the death. For stillbirths and neonatal deaths, also ask if each person (other than the mother) was present during the mother's pregnancy and delivery.					
	Relationship of person to the deceased child	Mark (X) if present at the interview	Stillbirths and neonatal deaths only		Neonatal & older child deaths only	
			Present during the pregnancy: 1. Yes / 2. No	Present at the delivery: 1. Yes / 2. No	Present during child's illness: 1. Yes / 2. No	Present at the child's death: 1. Yes / 2. No
.1	Mother	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
.2	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.3	Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.4	Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.5	Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.6	Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.7	Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.8	Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.9	Traditional birth attendant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.10	Other male (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.11	Other female (specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>