Study ID# ☐☐☐☐-☐☐☐-☐☐
Village/Cluster HH Child

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

Module 5b: Preventive care of post-neonates (FOR CHILD DEATHS 28 DAYS—59 MONTHS OLD)

Read: Now I would like to ask you about the care of the child before the fatal illness began.

S5b.1	Where (do you / does the mother) cook?	1. Inside the house 2. Outside the house 3. In a structure outside the house 9. Don't know	☐
S5b.2	When (you / the mother) cooked, was <NAME> usually beside or carried by (you / her)?	1. Yes 2. No 9. Don't know	☐
S5b.3	*Skip SQ5b.3 in areas wo/malaria.* Before (her / his) fatal illness began, did <NAME> sleep under an insecticide treated bednet?	1. Yes, usually or always 2. Yes, sometimes 3. Never 9. Don't know	☐
S5b.4	Did (you / the mother) or a wet nurse ever breastfeed <NAME>?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → SQ5b.5***
S5b.4 .1	Was <NAME> being breastfed at the time (her / his) fatal illness began?	1. Yes 2. No 9. Don't know	☐ ***1 or 9 → SQ5b.5***
S5b.4 .2	How old was <NAME> when s/he was last breastfed?		___ ___ Months *(<1 = 00; DK = 99)*
S5b.5	At the time the fatal illness began, was <NAME> being given any other liquid, including non-human milk or formula, fruit juice, tea or water, or any solid, semisolid, or soft foods? *[Multiple answers allowed. Probe, and record all liquids and foods given.]*	1. Non-human milk or pre-mixed formula.. 2. Powdered formula mixed with a liquid... 3. Juice, water and/or water-based drinks. 4. ORS ..... 5. Drops or syrups (vitamins, medicines).. 6. Solid, semi-solid or soft foods ..... 7. Nothing else, only given breast milk..... 9. Don't know	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ → ***SQ5b.6*** 6. ☐ 7. ☐ 9. ☐ → ***SQ5b.6***
S5b.5 .1	On most days before the illness began, how many times did <NAME> eat solid, semisolid, or soft foods other than liquids during the day or night?		___ ___ Times *(DK = 99)*
S5b.5 .2	Which of the following food types did <NAME> typically eat every day? *[Read out all options and check "Yes," "No" or "Don't know" for each.]*	1. Grains, roots and tubers..... 2. Legumes and nuts..... 3. Dairy products (milk, yogurt, cheese).... 4. Flesh foods (meat, fish, poultry, organs) 5. Eggs ..... 6. Vitamin-A rich fruits and vegetables..... 7. Other fruits and vegetables	Yes / No / DK 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐
S5b.6	Did <NAME> drink any liquids or semi-solid foods from a bottle with a nipple or teat?	1. Yes 2. No 9. Don't know	☐

S5b.7	Now I would like to ask about the chlid's vaccinations. Do you have a card where <NAME>'s vaccinations are written down? *If "Yes," ask,* May I see it please?	1. Yes, seen 2. Yes, but not seen 3. No card	☐ ***2 or 3 → SQ5b.8***
	Copy vaccination date for each vaccine from the card. *Write '99' in 'day' column if card shows that a vaccination was given, but no date is recorded.*	BCG ..... POLIO 0 (given at birth) .. POLIO 1 ..... POLIO 2 ..... POLIO 3 ..... DPT1 ..... DPT2 ..... DPT3 ..... MEASLES ..... Hepatitis B1..... Hepatitis B2..... Hepatitis B3.....	Day Month Year ☐☐ ☐☐ ☐☐ BCG ☐☐ ☐☐ ☐☐ P0 ☐☐ ☐☐ ☐☐ P1 ☐☐ ☐☐ ☐☐ P2 ☐☐ ☐☐ ☐☐ P3 ☐☐ ☐☐ ☐☐ DPT1 ☐☐ ☐☐ ☐☐ DPT2 ☐☐ ☐☐ ☐☐ DPT3 ☐☐ ☐☐ ☐☐ MSL ☐☐ ☐☐ ☐☐ HepB1 ☐☐ ☐☐ ☐☐ HepB2 ☐☐ ☐☐ ☐☐ HepB3
S5b.7.1	Did <NAME> receive any vaccinations that are not included on this card, including vaccinations received in a national immunization day campaign? *If "Yes," probe for vaccinations received but not recorded on the card.* *[Record 'Yes' only if BCG, Polio 0-3, DPT 1-3, Measles and/or Hepatitis B1-3 vaccine(s) mentioned.]*	1. Yes (received BCG, Polio 0-3, DPT 1-3, Measles and/or Hep B1-3 vaccinations that are not recorded on the card) 2. No 9. Don't know	☐ ***1 → Write '66' in the corresponding day column in SQ5b.7 for each vaccination received but not recorded on the card. Then → SQ5b.9.*** ***2 or 9 → SQ5b.9.***
S5b.8	Did <NAME> ever receive any vaccinations to prevent her/him from getting diseases, including vaccinations received in a national immunization day campaign?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → SQ5b.10***
	Please tell me if <NAME> received any of the following vaccinations:		
.1	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	1. Yes 2. No 9. Don't know	☐
.2	Polio vaccine, that is, drops in the mouth?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → SQ5b.8.5***
.3	When was the first polio vaccine received, just after birth or later?	1. Just after birth 2. Later 9. Don't know	☐
.4	How many times was the polio vaccine received?		___ ___ Times *(DK = 99)*
.5	A DPT vaccination, that is, an injection given in the thighs or buttocks, sometimes at the same time as polio drops?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → SQ5b.8.7***

	.6	How many times was a DPT vaccination received?		___ Times *(DK = 9)*
	.7	A measles or MMR injection, that is, a shot in the arm at the age of 9 months or older, to prevent measles?	1. Yes 2. No 9. Don't know	☐
S5b.9		Were any of the vaccinations <NAME> received given as part of a national immunization day campaign?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → SQ5b.10***
S5b.9 .1		At which national immunization day campaigns did <NAME> receive vaccinations? *[Record all campaigns mentioned.]*	1. <CAMPAIGN 1> (TYPE/DATE)..... 2. <CAMPAIGN 1> (TYPE/DATE)..... 3. <CAMPAIGN 1> (TYPE/DATE)..... 4. <CAMPAIGN 1> (TYPE/DATE).....	1. ☐ 2. ☐ 3. ☐ 4. ☐
S5b.10		In the (six months / <NAME'S AGE>) before the fatal illness, did <NAME> receive one or more vitamin A doses like this? *[Read the question with the child's age if s/he lived less than 6 months.]* *[Show ampoule/capsule/syrup]*	1. Yes, 1 dose 2. Yes, 2 or more doses 3. No 9. Don't know	☐
S5b.11		Before the fatal illness began, did <NAME> suffer from any of the following known conditions: *[Read out all conditions and check "Yes," "No" or "Don't know" for each.]* *If "Yes," then ask:* Was s/he provided any treatment for this condition?	1. Low height or weight (malnutrition) ..... 2. Malformation (from the time of birth): a. Head, neck and/or back ..... b. Mouth/palate ..... c. Heart ..... d. Arms and/or legs ..... 3. Asthma ..... 4. Heart disease ..... 5. Tuberculosis ..... 6. Epilepsy/convulsion..... 7. HIV/AIDS ..... 8. Other ..... *(specify other).....*	Suffered from: Yes / No / DK 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ _____
				Treatment: Yes / No / DK 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐