

Study ID#

Village/Cluster				HH		Child			

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

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

Section 1: Background about the deceased

Interviewer: Before going to the field to do the interview, fill in this section from the survey or surveillance record for the deceased.

G1.1	Address of the household <i>[Copy the household address]</i>	State _____	□ □																
		District _____	□ □																
		Block _____	□ □ □																
	Village _____		□ □ □ □																
	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	□																
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> <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> <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;">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> (DK = 99/99/9999)										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> <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> <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;">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> (DK = 99/99/9999)										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 (DK = 99)																	
		____ Months → GQ1.7 (DK = 99)																	
		____ Years → GQ1.7 (DK = 99)																	
G1.6.1	Was this a stillbirth or neonatal death? <i>[Copy this information from the record]</i>	1. Stillbirth 2. Neonatal death 9. Not known from the record	□																

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>																		
Section 2: Background about the interview																			
<i>Interviewer: Before and after the interview, fill in this section. These questions should not be asked of the respondent.</i>																			
G2.1	Language of the interview																		
G2.2	Interviewer name and ID number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																	
G2.3	Dates of attempted and successful interviews	DATE	RESULT OF THE INTERVIEW																
G2.3.1	Date of first interview attempt	<table style="margin: auto;"> <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> <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;">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	Interim result: <input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y												
G2.3.2	Date of second interview attempt	<table style="margin: auto;"> <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> <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;">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	Interim result: <input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y												
G2.3.3	Date of third interview attempt	<table style="margin: auto;"> <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> <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;">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	Interim result: <input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y												
G2.4	Date interview started <i>[Equals date of the last attempt]</i>	<table style="margin: auto;"> <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> <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;">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;"> <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;"> <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> <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;">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 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;"> <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																
Interview result codes: 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		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;"> <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> <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;">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;"> <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> <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;">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												

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**CHILD HEALTH EPIDEMIOLOGY REFERENCE GROUP
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G4.8	Does the household have a separate room for cooking?	1. Yes 2. No 9. Don't know	<input type="checkbox"/>																																	
G4.9	Does the household have: <i>Ask about each possession, and mark each one "Yes," "No" or "Don't know."</i>	<u>Does the household have:</u> 1. electricity? 2. a radio? 3. a television? 4. a refrigerator? 5. a fixed line telephone?..... <u>Does it have:</u> 6. a mobile telephone? 7. a computer? 8. a bicycle? 9. a car or truck? <u>Does the household have:</u> 10.piped water outside the residence? 11.a well (protected or unprotected)? 12.a water vendor, water supplied by truck or bottled water? 13.surface water?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> <th style="text-align: left;">DK</th> </tr> </thead> <tbody> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	DK	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>
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G4.10	What type of toilet does the household have?	1. Flush toilet 2. Improved pit toilet 3. Traditional pit toilet 4. Bush/field/beach 5. Other (<i>specify</i>)..... 9. Don't know	<input type="checkbox"/> <hr style="width: 100%;"/>																																	
G4.11	What is the main kind of energy the household uses for cooking?	1. Charcoal 2. Firewood 3. Kerosene 4. Electricity 5. Gas 6. Cow dung 7. Other (<i>specify</i>)..... 9. Don't know	<input type="checkbox"/> <hr style="width: 100%;"/>																																	
G4.12	What is the main material used for the floor of the house?	1. Natural/mud 2. Cement 3. Wood 4. Tiles 5. Other (<i>specify</i>)..... 9. Don't know	<input type="checkbox"/> <hr style="width: 100%;"/>																																	

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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"/>