

Module 2: Social capital (OPTIONAL MODULE—FOR STILLBIRTHS, NN & CHILD DEATHS 0–59 MONTHS OLD)

Read: Now, I have some questions about (your / the mother's / your <RELATIVES'> / the mother's <RELATIVES'>) community.

[SBs and NN deaths: If the respondent is not the mother, read "...the mother's..." or "...the mothers' <RELATIVES'>..." and ask SQ2.1.1–SQ2.3.1 about the mother and her community or her relatives' community.

Older deaths: Always read "...your..." or "...your <RELATIVES'>..." and ask SQ2.1.1–SQ2.3.1 about the respondent and her/his community or her/his relatives' community.

All deaths: Ask about the relatives' community if s/he stayed with her/his relatives during the illness events.]

S2.1.1	<p>In the last 3 years, did the people in your (village / neighborhood) work together on any of the following issues that affect the entire community or part of the community?</p> <p><i>Read all the issues and mark ("X") Yes, No or DK for each one; then enter the code.]</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr><td>1. Education/schools</td><td style="text-align: center;">1. <input type="checkbox"/></td><td style="text-align: center;">2. <input type="checkbox"/></td><td style="text-align: center;">9. <input type="checkbox"/></td></tr> <tr><td>2. 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S2.2	<p>(Were you / Was the mother) able to turn to any persons, groups or organizations in the community for help during (the pregnancy / (or) the child's fatal illness)?</p> <p><i>[Read "...the pregnancy?" for SBs; or "...the pregnancy or the child's fatal illness?" for NN deaths; or "...the child's fatal illness for older deaths.]</i></p>	<p>1. Yes</p> <p>2. No</p> <p>9. Don't know</p> <p style="text-align: right;"><input type="checkbox"/> 2 or 9 → SQ2.3.1</p>																																																												
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S2.2.2	<p>(Is this / Are these) the same person(s) or group(s) (you / she) would usually turn to for help with a serious problem?</p>	<p>1. Yes</p> <p>2. No</p> <p>9. Don't know</p> <p style="text-align: right;"><input type="checkbox"/></p>																																																												

Study ID#

Village/Cluster				HH			Child		

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

S2.3.1	<p>Have (you or your / the mother or her) family ever been denied any of the following community services?</p> <p><i>Read all the options and mark ("X") Yes, No or DK for each; then enter the code.]</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 65%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 15%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>1. Education/schools</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>2. Health services/clinics</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>3. Paid job opportunities.....</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>4. Credit/finance</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>5. Transportation</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>6. Water distribution</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>7. Sanitation services</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>8. Agricultural extension</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>9. Justice/conflict resolution</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>10. Security/police services.....</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td>11. Other</td> <td style="text-align: center;">1. <input type="checkbox"/></td> <td style="text-align: center;">2. <input type="checkbox"/></td> <td style="text-align: center;">9. <input type="checkbox"/></td> </tr> <tr> <td colspan="4" style="padding-top: 10px;">(specify).....</td> </tr> </tbody> </table>		Yes	No	DK	1. Education/schools	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	2. Health services/clinics	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	3. Paid job opportunities.....	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	4. Credit/finance	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	5. Transportation	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	6. Water distribution	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	7. Sanitation services	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	8. Agricultural extension	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	9. Justice/conflict resolution	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	10. Security/police services.....	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	11. Other	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	(specify).....			
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**Inst_1: If GQ1.6 = less than 28 days (Stillbirth or Neonatal death) → SQ3.1;
If GQ1. 6 = 1 month or more (Older child death) → SQ5b.1**