RGI/CGHR PROSPECTIVE STUDY
SRS - VERBAL AUTOPSY FORM
Form 10A: Neonatal death (28 days or less of age)

CONFIDENTIAL

SRS unit number | Unique form number 1

Year : 20 | 1st HYS | 2nd HYS

Name of the head of the household | Identification code of the head

Full name of deceased | Identification code of the deceased

Name of mother of the deceased | Identification code of mother of the deceased

Section 1: Details for respondent and deceased

Details of respondent

1. Name of respondent | Identification code of respondent

2. Relationship of respondent with deceased
- 1.
- 2. Brother/Sister
- 3.
- 4. Mother/Father
- 5.
- 6.
- 7.
- 8.
- 9. Grandfather/Grandmother
- 10. Other relative
- 11. Neighbour/No relation
- 99. Unknown

3. Did the respondent live with the deceased during the events that led to death?
1. Yes 2. No 99. Unknown

4. Respondent's age in completed years

5. Respondent's sex 1. Male 2. Female

6. What is the highest standard of education the respondent has completed?
- 0. Illiterate and literate with no formal education
- 1. Literate, Primary or below
- 2. Literate, Middle
- 3. Literate, Matric Class-X
- 4. Literate, Class XII
- 5. Graduate and above
- 99. Unknown

7. Religion of the head of the household
1. Hindu
2. Muslim
3. Christian
4. Sikh
5. Buddhist
6. Jain
7. No religion
8. Other
99. Unknown

Details of deceased

8. Deceased's Sex 1. Male 2. Female

9. Age in completed days less than 1 day AND 01-28 days

10. Relationship of the deceased with the head of the household
- 1.
- 2. Brother/Sister
- 3. Son/Daughter
- 4.
- 5. Grandchild
- 6.
- 7.
- 8.
- 9.
- 10. Other relative
- 11.
- 99. Unknown

11. Date of birth D D / M M / Y Y

12. Date of death D D / M M / Y Y

13A. House address of the deceased

13B. PIN

14. Place of death?
- 1. Home
- 2. On way to health facility
- 3. PHC/CHC/Rural Hospital
- 4. District Hospital
- 5. Private Hospital
- 6. Other place
- 99. Unknown

15. What did the respondent think the newborn died of? (Allow the respondent to tell the illness in his or her own words)

Section 2: Neonatal Death

16A. Did s/he die from an injury or accident? 1. Yes 2. No 99. Unknown

16B. If yes, what kind of injury or accident?
- 1. Road traffic accident
- 2. Falls
- 3. Fall of objects
- 4. Burns
- 5. Drowning
- 6. Poisoning
- 7. Bite/sting
- 8. Natural disaster
- 9. Homicide/assault
- 99. Unknown

Details of pregnancy and delivery

17. How many months long was the pregnancy?

18. Did the mother receive 2 doses of tetanus toxoid during pregnancy?
1. Yes 2. No 99. Unknown

19A. Were there any complication during the pregnancy, or during labour?
1. Yes 2. No 99. Unknown

19B. If yes, what complication(s) occurred? (Check all that apply)
- 1. Mother had fits
- 2. Excessive bleeding before/during delivery
- 3. Water broke one or more days before contractions started
- 4. Prolonged/difficult labour (12 hours or more)
- 5. Operative delivery
- 6. Mother had fever
- 7. Baby had cord around neck
- 99. Unknown

20. Was the child a single or multiple birth?
1. Single 2. Multiple 99. Unknown

21. Where was s/he born?
- 1. Home
- 2. On way to health facility
- 3. PHC/CHC/Rural Hospital
- 4. District Hospital
- 5. Private Hospital
- 6. Other place
- 99. Unknown

22. Who attended the delivery?
- 1. Untrained traditional birth attendant
- 2. Trained traditional birth attendant
- 3. ANM/Nurse
- 4. Allopathic Doctor
- 5. None
- 6. Other
- 99. Unknown

23. Was a clean blade (disinfected or new) used to cut the umbilical cord?
1. Yes 2. No 99. Unknown

Details of baby after birth

24. Did the baby ever cry, move or breath?
1. Yes 2. No 99. Unknown

25. Were there any bruises or signs of injury on child's body after the birth?
1. Yes 2. No 99. Unknown

26. Did s/he have any visible malformations at birth?
1. Yes 2. No 99. Unknown

27A. Compared to other children in your area, what was the child's size at birth?
- 1. Very small
- 2. Smaller than average
- 3. Average
- 4. Larger than average
- 99. Unknown

27B. What was the birth weight?
grams OR Unknown

28A. Did s/he stop being able to cry?
1. Yes 2. No 99. Unknown

28B. If yes, how many completed days after birth did s/he stop crying?
less than 1 day AND 01-28 days

29A. When was s/he first breastfed?
- 1. Immediately/within one hour of birth
- 2. Same day child was born
- 3. Second day or later
- 4. Never breastfed
- 99. Unknown

29B. Was the baby ever given anything to drink other than breast milk?
1. Yes 2. No 99. Unknown

30A. Was s/he able to suckle normally during the first day of life?
1. Yes 2. No 99. Unknown

30B. If yes, did s/he stop being able to suck in a normal way?
1. Yes 2. No 99. Unknown

30C. If yes, how many completed days after birth did s/he stop sucking?
less than 1 day AND 01-28 days

Note: Check "less than 1 day" if the event occurred during the first day of life and write "00" in the "01-28 days" boxes. Otherwise, complete the "01-28 days" box with the number of completed days.

Details of sickness at time of death

31A. Did s/he have fever?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

31B. If yes, how many completed days did the fever last?
☐ less than 1 day AND ☐☐ 01-28 days

32A. Did s/he have any difficulty with breathing?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

32B. If yes, for how many completed days did the difficulty with breathing last?
☐ less than 1 day AND ☐☐ 01-28 days

33A. Did s/he have fast breathing?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

33B. If yes, for how many completed days did the fast breathing last?
☐ less than 1 day AND ☐☐ 01-28 days

34. Did s/he have in-drawing of the chest?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

35A. Did s/he have a cough?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

35B. Did s/he have grunting (demonstrate)?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

35C. Did his/her nostrils flare with breathing?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

36A. Did s/he have diarrhoea (frequent liquid stools)?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

36B. If yes, for how many completed days were the stools frequent or liquid?
☐ less than 1 day AND ☐☐ 01-28 days

37A. Did s/he vomit?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

37B. If yes, for how many completed days did s/he vomit?
☐ less than 1 day AND ☐☐ 01-28 days

38. Did s/he have redness around, or discharge from, the umbilical cord stump?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

39. Did s/he have yellow eyes or skin?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

40. Did s/he have spasms or fits (convulsions)?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

41. Did s/he become unresponsive or unconscious?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

42. Did s/he have a bulging fontanelle (describe)?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

43. Did the child's body feel cold when touched?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

44. Were the child's hands, legs or lips discoloured (blue, other colour)?
☐ 1. Yes ☐ 2. No ☐ 99. Unknown

Section 3: Written narrative in local language

45. Narrative language code ☐☐

Please describe the symptoms in order of appearance, doctor consulted or hospitalization, history of similar episodes, enter the results from reports of the investigations if available. (Use attached symptoms list)

Respondent's cooperation: ☐ 1. Good ☐ 2. Poor

Interviewer name: _____ Code: ☐☐☐

Date: D D / M M / Y Y

Signature/Impresion

Respondent: Respondent

Interviewer: Interviewer

Note: Check "less than 1 day" if the event occurred during the first day of life and write "00" in the "01-28 days" boxes. Otherwise, complete the "01-28 days" box with the number of completed days.