RGI/CGHR PROSPECTIVE STUDY
SRS - VERBAL AUTOPSY FORM
Form 10B: Child death (29 days to 14 years)

CONFIDENTIAL

SRS unit number | Unique form number 2

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 of Deceased Years: AND Months:

10. Relationship of the deceased with the head of the household

- 1.
- 2. Brother/Sister
- 3. Son/Daughter
- 4.
- 5. Grandchild
- 6.
- 7. Brother-in-law/Sister-in-law
- 8.
- 9.
- 10. Other relative
- 11. Neighbour/ No relation
- 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: Child 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
- 10. Suicide
- 11. Workplace
- 99. Other/Unknown

Details of baby after birth

17A. Was s/he born premature?

1. Yes 2. No 99. Unknown

17B. How many months long was the pregnancy?

18A. 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

18B. What was the birth weight?

grams OR 99. Unknown

19A. 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

19B. Did the child receive anything other than breast milk to drink during the first 6 months of life?

1. Yes 2. No 99. Unknown

19C. During the illness that led to death, was the child breastfeeding?

1. Yes 2. No 99. Unknown

19D. During the illness that led to death, did the child stop breastfeeding?

1. Yes 2. No 99. Unknown

Details of sickness at time of death

20A. Did s/he have fever?

1. Yes 2. No 99. Unknown

20B. If yes, how many completed days did the fever last?

less than 1 day AND days

20C. Was the fever accompanied by chills/rigors?

1. Yes 2. No 99. Unknown

21. Did s/he have convulsions or fits?

1. Yes 2. No 99. Unknown

22. Was s/he unconscious during the illness that led to death?

1. Yes 2. No 99. Unknown

23. Did s/he develop stiffness of the whole body?

1. Yes 2. No 99. Unknown

24. Did s/he have a stiff neck (demonstrate)?

1. Yes 2. No 99. Unknown

25A. Did s/he have diarrhoea (more frequent or more liquid stools)?

1. Yes 2. No 99. Unknown

25B. If yes, for how many completed days?

less than 1 day AND days

25C. Was there blood in the stools?

1. Yes 2. No 99. Unknown

25D. If s/he had diarrhoea, was s/he given (use local term for oral rehydration treatment)?

1. Yes 2. No 99. Unknown

26A. Did s/he have a cough?

1. Yes 2. No 99. Unknown

26B. If yes, for how many completed days?

less than 1 day AND days

26C. If yes, was there blood?

1. Yes 2. No 99. Unknown

27A. Did s/he have breathing difficulties?

1. Yes 2. No 99. Unknown

27B. If yes, for how many completed days?

less than 1 day AND days

27C. Did s/he have fast breathing?

1. Yes 2. No 99. Unknown

Note: Check "less than 1 day" if the event lasted for less than one day, and write "00" in the "days" box. Otherwise, complete the "days" box with the number of completed days.

27D. Did s/he have in-drawing of the chest?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

27E. Did s/he have wheezing (demonstrate sound)?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

28A. During the illness, did s/he have abdominal pain?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

28B. Did s/he have abdominal distention?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

29A. Did s/he vomit?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

29B. If yes, for how many completed days?

☐ less than 1 day AND ☐☐ days

30. Did the eye/skin colour change to yellow?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

31A. Did s/he have any skin disease or rash?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

31B. Was the rash all over the body?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

31C. Did s/he have red eyes?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

31D. Was this measles (use local term)?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

32. During the weeks preceding death, did s/he become very thin?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

33. During the weeks preceding death, did s/he have any swelling of hands, feet or abdomen?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

34. During the weeks preceding death, did s/he suffer from lack of blood or appear pale?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

35. In the last six months, compared to other children of the same age, was s/he growing normally?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

36. During the illness that lead to death, did s/he receive any antibiotics?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

37A. Did s/he have multiple illnesses?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

37B. If yes, what were the symptoms associated with these illnesses? (check all that apply)

☐ 1. Cough ☐ 4. Fever ☐ 99. Unknown

☐ 2. Diarrhoea ☐ 5. Rashes

☐ 3. Ear discharge ☐ 6. Other

38A. Did s/he receive BCG injection?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

38B. Did s/he receive 3 injections of DPT (DPT-3)?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

38C. Did s/he receive polio drops in the mouth?

☐ 1. Yes ☐ 2. No ☐ 99. Unknown

38D. Did s/he receive an injection for measles (use local term)?

☐ 1. Yes - only one ☐ 3. No - did not receive any

☐ 2. Yes - more than one ☐ 99. Unknown

Section 3: Written narrative in local language

39. 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 lasted for less than one day, and write "00" in the "days" box.
Otherwise, complete the "days" box with the number of completed days.