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 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 ☐ 9. Unknown

4. Respondent's age in completed years

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

Details of deceased

6. Age in days

7. Sex ☐ 1. Male ☐ 2. Female

8. House address of the deceased (include PIN)

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

10. Place of death?

- ☐ 1. Home
- ☐ 2. Health facility
- ☐ 3. Other place
- ☐ 9. Unknown

11. What did the respondent think this person die of?

(Allow the respondent to tell the illness in his or her own words)

Section 2: Neonatal Death

12A. Did s/he die from an injury or accident? ☐ 1. Yes ☐ 2. No→ ***Skip to Q13*** ☐ 9. Unknown

12B. 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

If child died of injury or accident → *Skip to Q41*

Details of pregnancy and delivery

13. Was the child a single or multiple birth?

☐ 1. Single ☐ 2. Multiple ☐ 9. Unknown

14. Where was s/he born?

- ☐ 1. Home
- ☐ 2. Health facility
- ☐ 3. Others
- ☐ 9. Unknown

15. Who attended the delivery?

- ☐ 1. Trained traditional birth attendant
- ☐ 2. Untrained traditional birth attendant
- ☐ 3. Midwife/Nurse
- ☐ 4. Allopathic Doctor
- ☐ 5. Ayurvedic/Homeopathic/Unani Doctor
- ☐ 6. None
- ☐ 7. Other
- ☐ 9. Unknown

16. How many months long was the pregnancy?

17A. Was there any complication during the pregnancy, or during labour?

☐ 1. Yes ☐ 2. No→ ***Skip to Q18*** ☐ 9. Unknown

17B. If yes, what complications occurred? (Check all that apply)

- ☐ 1. Mother had fits
- ☐ 2. Excessive bleeding before/during delivery
- ☐ 3. Waters 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 delivered bottom or feet first
- ☐ 8. Baby had cord around neck
- ☐ 9. Unknown

18. Did the mother receive 2 doses of tetanus toxoid during pregnancy?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

Details of baby after birth

19. Was the baby born alive (alive if the baby ever cried, moved or breathed)?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

20. Were there any bruises or signs of injury on child's body after the birth?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

21. Did s/he have any visible malformations at birth (very small head, mass on spine, etc)?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

22. What was the child's size at birth?

- ☐ 1. Very Small
- ☐ 2. Smaller than usual
- ☐ 3. Average
- ☐ 4. Larger than average
- ☐ 9. Unknown

23A. Was s/he able to breath immediately after birth?

☐ 1. Yes ☐ 2. No → ***Skip to Q24A*** ☐ 9. Unknown

23B. If yes, did s/he stop being able to breath/cry?

☐ 1. Yes ☐ 2. No→ ***Skip to Q24A*** ☐ 9. Unknown

23C. If yes, how long (days) after birth did s/he stop breathing/crying?

24A. Was s/he able to suckle normally during the first day of life?

☐ 1. Yes ☐ 2. No → ***Skip to Q25*** ☐ 9. Unknown

24B. If yes, did s/he stop being able to suck in a normal way?

☐ 1. Yes ☐ 2. No → ***Skip to Q25*** ☐ 9. Unknown

24C. If yes, how long (days) after birth did s/he stop sucking?

Details of sickness

25. For how many days was s/he sick before death?

26A. Did s/he have fever?

☐ 1. Yes ☐ 2. No → ***Skip to Q27A*** ☐ 9. Unknown

26B. If yes, how many days did the fever last?

27A. Did s/he have any difficulty with breathing?

☐ 1. Yes ☐ 2. No → ***Skip to Q28A*** ☐ 9. Unknown

27B. If yes, for how many days did the difficulty with breathing last?

28A. Did s/he have fast breathing?

☐ 1. Yes ☐ 2. No → ***Skip to Q29*** ☐ 9. Unknown

28B. If yes, for how many days did the fast breathing last?

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

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

30A. Did s/he have a cough?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

30B. Did s/he have grunting (demonstrate)?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

30C. Did his/her nostrils flare with breathing?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

31A. Did s/he have diarrhoea (frequent liquid stools)?

☐ 1. Yes ☐ 2. No → ***Skip to Q32*** ☐ 9. Unknown

31B. If yes, for how many days were the stools more frequent or liquid?

32. Did s/he vomit?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

33. Did s/he have redness around, or discharge from, the birth cord stump?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

34. Did s/he have areas of skin that were red, hot or peeling?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

35. Did s/he have a skin rash with blisters containing pus?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

36. Did s/he have yellow eyes or skin?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

37. Did s/he have spasms or fits (convulsions)?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

38. Did s/he become unresponsive or unconscious?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

39. Did s/he have a bulging fontanelle (describe)?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

40. Did the child's body feel cold when touched?

☐ 1. Yes ☐ 2. No ☐ 9. Unknown

Section 3: Written narrative in local language

41. 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.

Respondent's cooperation: ☐ 1. Good ☐ 2. Medium ☐ 3. Poor

Interviewer name Code

Date: D D / M M / Y Y

Signature/Impresion

Respondent Respondent

Interviewer Interviewer