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 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 Months OR Years

7. Sex 1. Male | 2. Female

8. Relationship of deceased to head of household

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

9. House address of the deceased (include PIN)

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

11. Place of death?
1. Home | 2. Health facility | 3. Other place | 9. Unknown

12. What did the respondent think this person die of?
(Allow the respondent to tell the illness in his or her own words)

Section 2: Child death

13A. Did s/he die from an injury or accident? 1. Yes | 2. No→ ***Skip to Q14*** | 9. Unknown

13B. 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. Unknown

If child died of injury or accident → *Skip to Q33A*

Details of baby after birth

14. How was the child's size at birth?
1. Very Small | 2. Smaller than usual | 3. Average | 4. Larger than average | 9. Unknown

15A. Was s/he born premature?
1.Yes | 2. No → ***Skip to Q16A*** | 9. Unknown

15B. If yes, after how many months of pregnancy?

16A. Was the child breast-fed?
1. Yes | 2. No → ***Skip to Q17*** | 9. Unknown

16B. If yes, did the child stop feeding during the illness that led to death?
1. Yes | 2. No | 9. Unknown

Details of sickness

17. How many days was s/he sick before death?

18A. Did s/he have a fever?
1.Yes | 2. No → ***Skip to Q19*** | 9. Unknown

18B. If yes, how many days did the fever last?

18C. Was the fever accompanied by chills /rigors?
1.Yes | 2. No | 9. Unknown

19. Did s/he have convulsions or fits?
1. Yes | 2. No | 9. Unknown

20. Was s/he unconscious during the illness that led to death?
1. Yes | 2. No | 9. Unknown

21. Did s/he develop stiffness of the whole body?
1. Yes | 2. No | 9. Unknown

22. Did s/he have a stiff neck? (demonstrate)
1. Yes | 2. No | 9. Unknown

23A. Did s/he have diarrhoea (more frequent or more liquid stools)?
1. Yes | 2. No→ ***Skip to 24A*** | 9. Unknown

23B. If yes, for how many days?

23C. Was there visible blood in the stools?
1. Yes | 2. No | 9. Unknown

23D. If s/he had diarrhoea, was s/he given any fluids such as (local term for oral rehydration treatment)?
1. Yes | 2. No | 9. Unknown

24A. Did s/he have a cough?
1. Yes | 2. No → ***Skip to 25A*** | 9. Unknown

24B. If yes, for how many days?

24C. Was it…?
1. Dry | 2. Productive | 3. With blood | 9. Unknown

25A. Did s/he have breathing difficulties?
1. Yes | 2. No → ***Skip to 26A*** | 9. Unknown

25B. If yes, for how many days? ☐☐

25C. Did s/he have fast breathing?
☐ 1. Yes ☐ 2. No ☐ 9. Unknown

25D. Did s/he have in-drawing of chest?
☐ 1. Yes ☐ 2. No ☐ 9. Unknown

25E. Did s/he have wheezing? (demonstrate sound)
☐ 1. Yes ☐ 2. No ☐ 9. Unknown

25F. During the breathing problems, did s/he receive any antibiotics?
☐ 1. Yes ☐ 2. No ☐ 9. Unknown

26A. During the illness, did s/he have abdominal pain?
☐ 1. Yes ☐ 2. No →***Skip to 26C*** ☐ 9. Unknown

26B. If yes, was the pain in..?
☐ 1. All over abdomen ☐ 3. Lower
☐ 2. Upper ☐ 9. Unknown

26C. Did s/he have abdominal distention?
☐ 1. Yes ☐ 2. No ☐ 9. Unknown

27A. Did s/he vomit?
☐ 1. Yes ☐ 2. No →***Skip to 28*** ☐ 9. Unknown

27B. If yes, for how many days? ☐☐

28. Did the eye/skin colour change to yellow?
☐ 1. Yes ☐ 2. No ☐ 9. Unknown

29A. Did s/he have any skin disease or rash?
☐ 1. Yes ☐ 2. No →***Skip to Q30*** ☐ 9. Unknown

29B. Was the rash..?
☐ 1. All over the body ☐ 2. Only on face ☐ 9. Unknown

29C. Was this measles (use local term)?
☐ 1. Yes ☐ 2. No ☐ 9. Unknown

30. During the illness that led to death, did s/he become very thin?
☐ 1. Yes ☐ 2. No ☐ 9. Unknown

31. During the weeks preceding death, did s/he suffer from lack of blood or appear pale?
☐ 1. Yes ☐ 2. No ☐ 9. Unknown

32A. Did s/he have repeated illness?
☐ 1. Yes ☐ 2. No→***Skip to Q33A*** ☐ 9. Unknown

32B. If yes, how many illnesses in the past six months? ☐☐

32C. If yes, what were the common associated symptoms with the illness? (check all that apply)
☐ 1. Cough ☐ 3. Ear discharge ☐ 5. Other
☐ 2. Diarrhoea ☐ 4. Chills ☐ 9. Unknown

33A. Was s/he immunized?
☐ 1. Yes ☐ 2. No→***Skip to Q34*** ☐ 9. Unknown

33B. If yes, did s/he receive BCG injection?
☐ 1. Yes ☐ 2. No ☐ 9. Unknown

33C. If yes, did s/he receive polio drops in the mouth?
☐ 1. Yes ☐ 2. No ☐ 9. Unknown

33D. If yes, did s/he receive an injection for measles (use local term)?
☐ 1. Yes ☐ 2. No ☐ 9. Unknown

Section 3: Written narrative in local language

34. 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