

INTERNATIONAL CORE VERBAL AUTOPSY FORM 1: DEATH OF CHILD UNDER 29 DAYS - NEONATES

Interviewer	<input type="text"/>	Date of interview	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	File number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Instructions to interviewer: Introduce yourself and explain the purpose of your visit. Ask to speak to the care taker or any other who was present during the illness that led to death. If this is not possible, arrange a time to revisit the household when the caretaker will be home. Before interviewing the person, explain to him or her that participation in the interview is voluntary; he/she can refuse to answer any question and he/she can stop the interview at anytime. Explain to him/her that the information provided is only for research purposes and will be confidential

Instructions to the respondent: "I would like to ask you some questions that would help us to get a clear picture of all possible symptoms the diseased had/showed when she /he was ill. Some of these questions may not appear to be directly related to his or her death. Please bear with me and answer all the questions."

Section 1. Informant identification and background information

1.1 Names of the informant

Firstname	<input type="text"/>	Juokname	<input type="text"/>	Lastname	<input type="text"/>
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1.2 Age in years (>14)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1.3 Sex of <NAME>

<input type="radio"/> M	<input type="radio"/> F
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1.4 What is the Relationship of the respondent to the deceased?

<input type="radio"/> Biologicalmother	<input type="radio"/> Father	<input type="radio"/> GrandParent	<input type="radio"/> Aunt
<input type="radio"/> Co-wife to mother	<input type="radio"/> Sibling	<input type="radio"/> Adoptivemother	
<input type="radio"/> Other			

1.5 Availability?

<input type="radio"/> Present at the time of visit
<input type="radio"/> Absent at the time of visit, but can be contacted & visited
<input type="radio"/> Unavailable, impossible to contact

1.6 Participation

<input type="radio"/> Primary informant
<input type="radio"/> Secondary informant who participated in the interview
<input type="radio"/> Present but did not participate
<input type="radio"/> Did not participate

SECTION 2: BACKGROUND INFORMATION ON DECEASED

2.1 Before death, was the mother of the deceased child living for 4 months or more in Asembo, Gem or Karemo?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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2.2 If NO, did the deceased return to Asembo, Gem or Karemo just for burial?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> NA
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2.3 Names of head of compound

Firstname	<input type="text"/>	Secondname	<input type="text"/>	Lastname	<input type="text"/>
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2.4 Village,

Compound,

House

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2.5 Permanent ID of the deceased child

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2.6 Name of the deceased Child

Firstname	<input type="text"/>	Juokname	<input type="text"/>	Lastname	<input type="text"/>
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Verified:

2.7 Names of mother

[illegible]

Middle name (Juok name)

[illegible]

Lastname

[illegible]

2.8 Permanent ID of the deceased's mother

0 1 2 3 4 5 6 7 8 9

mpidvc1

mpidh1

0 1 2 3 4 5 6 7 8 9

mpidsq1

2.9 Child's sex

☐ M ☐ F sex

2.10 Child's date of birth (dd/mm/yyyy)

day (dd) / month (mm) / year (yyyy) vedob

2.11 Date of death

day (dd) month (mm) year (yyyy) vedoot

2.12 How old in days was the deceased child when s/he died?

SECTION 3 . PLACE AND CAUSE OF DEATH

3.1 Where did <NAME> die? ----- ☐ Athome plac

☐ On the way to/from a health facility

☐ At a health facility

☐ Other (specify) _____ placoderm

☐ Dont Know

If answered "At a health facility" in Q.3.1 above go to 3.2, else fill NA in 3.2 & go to question 3.3

3.2 Which health facility did <NAME> die?----- ☐ Akala ☐ Rera ☐ Siaya hfname

☐ Ndori ☐ Bar-olengo ☐ Bondo

☐ Nyawara ☐ Ting'-Wang'i ☐ Ng'iyamission

☐ Wagai ☐ K'otieno ☐ Aluor

☐ Njeira ☐ Nyathengo ☐ NA

☐ Other -----

3.3 What do you think was the cause of death? *(write exactly as the respondent tells you)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. On the left side, there is a vertical margin line, creating a narrow left margin. The top-left corner of the paper is rounded. The entire sheet is set against a dark background.

"I would like to ask some questions concerning symptoms that the deceased had/showed when S/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the deceased had"

SECTION 4. ACCIDENTS AND INJURIES

4.1. Did the child have an injury including animal or insect bite, or an accident that resulted in his/her death (*be ne ohinyre e masira mar ndara, kata lee, kute makecho mokelo thoo ne*)? -----

☐ Injury ☐ Accident ☐ Neither injury or accident *vedacct*
☐ Don't know

4.1.a What kind of injury or accident? -----

☐ Transport accident (pedestrian) ☐ Transport (passenger)
☐ Fall ☐ Drowning *vedtype*
☐ Bite or sting ☐ Burn
☐ Sharp object (e.g. knife) ☐ Poisoning
☐ Assault/abuse *vedtypeot*
☐ Other (specify)

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If injury or accident led to death go to Other Events and Summary of details in section 9, page 7

SECTION 5. SYMPTOMS CONCERNING THE MOTHER

5.1 How is the mother now? ----- ☐ healthy, fine ☐ She is sick ☐ Died ☐ Don't know

5.2 Was it a difficult birth? ----- ☐ Yes ☐ No ☐ DK

5.3 Did the mother have fits before giving birth? ----- ☐ Yes ☐ No ☐ DK

5.4 Did/does the mother have high blood pressure? ----- ☐ Yes ☐ No ☐ DK

5.5 Did the mother have a febrile illness at the time of delivery? -- ☐ Yes ☐ No ☐ DK

5.6 Did the child's mother suffer from any of the following conditions (*read options*)? ----- *motcondit*
☐ Diabetes
☐ TB (If yes, go to 5.7 else go to section 6)
☐ HIV/AIDS, (If yes go to 5.8 and 5.9, else go to section 6)
☐ None
☐ Don't know

(If mother had TB, ask Q5.7; otherwise fill in NA and go to Q5.8)

5.7 Was the mother of the child diagnosed with TB during the last year? ----- ☐ Yes ☐ No ☐ DK ☐ NA *mottb*

(If mother had HIV, ask Q.5.8 and 5.9, otherwise fill in NA and go to 6.1)

5.8 Did the **mother** receive ARVs during her pregnancy? ----- ☐ Yes ☐ No ☐ DK ☐ NA *motarv*

5.9 Did the **child** receive ARVs within 3 days of birth? ----- ☐ Yes ☐ No ☐ DK ☐ NA *childarv*

SECTION 6. EVENTS DURING THE BIRTH

6.1 Did the mother have any antenatal care during her pregnancy? ----- ☐ Yes ☐ No ☐ DK *vepregc*

6.2 Did the mother receive SP or fansidar for malaria prevention during the antenatal visits? ----- ☐ Yes ☐ No ☐ DK *vepregfs*

6.3 Had the mother received tetanus toxoid vaccination (TT) ----- ☐ Yes ☐ No ☐ DK *vepregtt*

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6.4 If yes, how many TT injections did she receive? -----

TT=tetanus toxoid

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

☐ DK
 vepregttno
 vepregttno1
 vepregttDK

6.5 Where did the mother give birth? -----

☐ Home ☐ Hospital ☐ Traditional birth attendant's home☐ On the way to/from health facility☐ Dont Know
 veborn
 vebornot
☐ Other (specify)

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6.6 Who assisted in the birth? -----

☐ No one (mother delivered alone) ☐ Nyamrerwa, trained☐ Doctor/Clinical officer/Nurse ☐ Nyamrerwa, untrained☐ Other women in compound
 vedelivery
 vedeliveryo
☐ Other (specify)

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6.7 Was it a **caesarian** delivery? -----☐ Yes ☐ No ☐ DK

caedeliv

6.8 Was it a prolonged labor? -----

☐ Yes ☐ No ☐ DK

prollab

6.9 Did waters break 1 day or more before delivery of the baby? -----

☐ Yes ☐ No ☐ DK

wtbreak

6.10 Was the child premature? -----

☐ Yes ☐ No ☐ DK

childpre

6.11 If yes, how many weeks or months premature?

	preweek	0	1	2	3	4	5	6	7	8	9	preweek1		premonth	0	1	2	3	4	5	6	7	8	9	premonth1		
<input type="radio"/> Weeks	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/> Months	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/> Dont Know	
	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

preweekMDK

6.12 Did the baby play or move in the womb before labor? -----

☐ Yes ☐ No ☐ DK

babplay

6.13 If No, did the baby breath at all after delivery? -----

☐ Yes ☐ No ☐ DK

babbreath

6.14 Was the baby dead at birth? -----

☐ Yes ☐ No ☐ DK

babdead

6.15 Did the umbilical cord come before the baby was born? -----

☐ Yes ☐ No ☐ DK

umbcord

SECTION 7. SYMPTOMS**ASK THESE QUESTIONS IF THE CHILD WAS BORN ALIVE or ELSE FILL 'NA' AT END OF THIS SENTENCE & GO TO SECTION 8 -- ☐ NA**

7.1 Did <NAME> cry after birth? -----

☐ Yes ☐ No ☐ DK

venstbcr

7.2 Was <NAME> able to breastfeed soon after birth? -----

☐ Yes ☐ No ☐ DK

venbsuck

If 'NO' ask Q.7.3. If yes or DK skip to Q.7.4

7.3 Was the problem with the child or the mother? -----

☐ Yes ☐ No ☐ DK

bsuckno

7.4 Was <NAME> weighed after being born? -----

☐ Yes ☐ No ☐ DK

weight

If 'YES' ask Q.7.5. If NO or DK skip to Q.7.6

7.5 How much did <NAME> weigh? -----

0 1 2 3 4 5 6 7 8 9

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

 bwt
 bwt1
 decbwt
 decbwt1

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7.6 Were there any bruises or signs of injury on <NAME's> body after birth? -----

☐ Yes ☐ No ☐ DK

vebinj

7.7 What was the colour of <NAME's> skin after being born? -----

☐ Normal ☐ Purple ☐ Pale ☐ DK

skincol

7.8 Did <NAME's> arms/legs have strength? -----

☐ Yes ☐ No ☐ DK

alstrngth

7.9 Did <NAME's> have any malformation at birth? -----

☐ Yes ☐ No ☐ DK

vebdef

7.10 Did <NAME's> eye colour change to yellow (jaundice)?
(wang maratong/del maratong)

☐ Yes ☐ No ☐ DK

veneyell

7.11 How many days after being born did <NAME's> eye colour change to yellow? -----

days

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

yedays

7.12 Did <NAME's> have any problem with the umbilical cord? ---

☐ Yes ☐ No ☐ DK

pumbcord

If 'YES' ask Q.7.13. If NO or DK skip to Q.7.14

7.13 What was the problem with the umbilical cord? -----

☐ Wrapped around the neck

☐ Came out before the baby

☐ Other

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owpumbcod

7.14 Did <NAME> have a fever? -----

☐ Yes ☐ No ☐ DK

If 'YES' ask Q.7.15. If NO or DK skip to Q.7.16

7.15 For how many days did <NAME> have fever? -----

days

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

vesfevl

7.16 Did <NAME> have convulsions? -----

☐ Yes ☐ No ☐ DK

vesconv

7.17 During the period of illness, did <NAME> have areas of skin that were red peeling or skin rash with blisters containing pus? (mbaha, del maruodho)

☐ Yes ☐ No ☐ DK

venredsk

7.18 Was <NAME> coughing? -----

☐ Yes ☐ No ☐ DK

vescgh

If yes, for how many days? -----

days

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

vescghlt

7.19 Did <NAME> have difficulty in breathing? -----

☐ Yes ☐ No ☐ DK

vesdbth

If yes, for how many days? -----

days

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

vesdbthd

7.20 Did <NAME> have fast breathing? -----

☐ Yes ☐ No ☐ DK

vesfbth11

If yes, for how many days? -----

days

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

vesfbthd

7.21 Did <NAME> have in-drawing of the chest while breathing? -----

☐ Yes ☐ No ☐ DK

vesin

If yes, for how many days? -----

days

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

vesind

--	--	--	--	--	--

7.22 Was <NAME> vomiting? -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vesvomit
If yes, for how many days? ----- days	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">3</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">4</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">5</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">6</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">7</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">8</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">9</div> </div> </div>	vesvomitd
7.23 Did <NAME> have diarrhea? -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vesdrh
If yes, for how many days? ----- days	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">3</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">4</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">5</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">6</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">7</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">8</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">9</div> </div> </div>	vesdrhd
7.24 Was <NAME> unable to breastfeed when s/he ----- was ill?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	ventopsk
If yes, for how many days? ----- days	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">3</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">4</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">5</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">6</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">7</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">8</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">9</div> </div> </div>	vensuckl
7.25 Was there a bulge in <NAME's> fontanel? ----- (chuny wiye okuot)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	
If yes, for how many days? ----- days	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">3</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">4</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">5</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">6</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">7</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">8</div> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">9</div> </div> </div>	vesfontbd
7.26 During the illness that led to death, did <NAME> become unconscious? -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vesoloch
7.27 Was the child HIV infected? -----	<input type="radio"/> Yes, HIV tested and positive <input type="radio"/> Assumed HIV positive but not tested <input type="radio"/> Not HIV infected <input type="radio"/> DK	chiv

SECTION 8. TREATMENT: ALL QUESTIONS REFER TO CHILD'S LAST ILLNESS

8.1 Was care sought outside the home while <NAME> ----- had this illness?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vecarhm
8.1.1 Where or from whom did you seek care?		
[i] Traditional healer -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	ctradhea
[ii] Government/mission health Centre/clinic -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	chcntrl
[iii] Pharmacy/drug seller -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	cphrmdr
[iv] Government/mission/private hospital -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	chossp
[v] Religious leader -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	crelig
[vi] Nyamrerwa (TBA) -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	cnyamre
[vii] Private physician -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	cphysic
[viii] Bush Doctor. -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	cbushdoc
[ix] Others, specify -----	<div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	cother

After respondent finishes prompt: Did you seek care anywhere else? Keep using this prompt until respondent replies that they did not seek care from anywhere else.

8.1.2 If answer is hospital, ask: Which Hospital(s)? -----

☐ SiayaDistrict ☐ BondoDistrict ☐ Lwak *vechospital*☐ Kisumu District ☐ KisumuProvincial ☐ Nyawara☐ Aluor ☐ Yala ☐ Ngiya☐ Other

--	--	--	--	--	--	--	--	--	--

otvechosp

(Mark all that apply)

8.1.3 How many nights in total did <NAME> spend in the hospital(s)?

days

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

vecarhpn

8.2 Was <NAME> given any herbal remedies at home? -----

☐ Yes ☐ No ☐ DK ☐ NA*vetrthb*

8.3 Did <NAME> receive any western drug during the illness? -----

☐ Yes ☐ No ☐ DK*vetrdng*

If "No" or "DK", go to section 9

8.3.1 If yes, ask: Did <NAME> receive any of the following medications during the illness preceding his/her death (read options and mark all that apply) -----

☐ antimalarial ☐ Antibiotics ☐ ARVs ☐ BloodTransfusion*medi*

8.3.2 If antemalarial: Which antemalarial drug did <NAME> receive?

[i] Coartem -----

☐ Yes ☐ No ☐ DK*dcoartem*

[ii] Quinine -----

☐ Yes ☐ No ☐ DK*dquinine*

[iii] Artesunate/artemether/artemisinin -----

☐ Yes ☐ No ☐ DK*darte*

[iv] Fansidar/SP/Falcidin -----

☐ Yes ☐ No ☐ DK*dfansidar*

[v] Amodioquine -----

☐ Yes ☐ No ☐ DK*damodio*

[vi] Chloroquine/malariaquin -----

☐ Yes ☐ No ☐ DK*dchloro*

[vii] Others, specify -----

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dothersp
SECTION 9: OTHER EVIDENCE AND SUMMARY OF DETAILS*noevld*

Ask to see the following documents and copy cause of death directly from the documents, otherwise, shade here ...

☐ No evidence**Death certificate**

9.1 Was a death certificate issued? -----

☐ Yes ☐ No ☐ DK*dcer*

If No or DK, fill NA & go to 9.2

9.1.1 (If Yes, ask:) Can I see the death certificate? -----

☐ Yes, available ☐ Death certificate not available☐ NA

9.1.2 (If Available, write down the cause of death stated on the death certificate)

Cause of Death _____

0 1 2 3 4 5 6 7 8 9

To be coded; Use PERCEIVEDVA-ADULT v1 -----

*dccod***Burial permit**

9.2 Was a burial permit issued? -----

☐ Yes ☐ No ☐ DK*veburpm*

If No or DK, fill NA & go to 9.3

9.2.1 (If Yes, ask:) Can I see the burial permit? -----

☐ Yes, available ☐ Burial permit not available☐ NA *vebursee*

9.2.2. Is the cause of death written on the burial permit? --

☐ Yes ☐ No ☐ NA*vebpcdth*

9.2.3 If Yes, write what is the cause of death on the burial permit?

Cause of Death _____

0 1 2 3 4 5 6 7 8 9

To be coded; Use PERCEIVEDVA-ADULT v1 -----

bpcod

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Section 9.0: Other Evidence and summary of Details continued ...**Post mortem result**

9.3 Was a Post mortem done? ----- ☐ Yes ☐ No ☐ DK pm
If No or DK, fill NA & go to 9.4

9.3.1 Was the cause of death revealed to you or written on the PM report? ----- ☐ Yes ☐ No ☐ NA pmcd

9.3.2 If Yes, write what is the cause of death on the PM report?

Cause of Death _____

To be coded; Use PERCEIVEDVA-ADULT v1 -----

	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

pmcod

MCH / ANC Card (Maternal & Child Health/ Antenatal Care)

9.4 Is MCH / ANC card available? ----- ☐ Yes ☐ No ☐ DK ☐ NA mch

Hospital prescription forms

9.5 Hospital prescription forms available? ----- ☐ Yes ☐ No ☐ DK ☐ NA hpr

Treatment cards

9.6 Treatment cards available? ----- ☐ Yes ☐ No ☐ DK ☐ NA tcd

Hospital discharge forms

9.7 Hospital discharge forms available? ----- ☐ Yes ☐ No ☐ DK ☐ NA hdf

9.7.1 If Yes, write what is the Diagnosis on the hospital forms

If No or DK, go to 9.8

Diagnosis _____

To be coded; Use PERCEIVEDVA-ADULT v1 -----

	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

hdiag

9.8 Other hospital documents available? ----- ☐ Yes ☐ No ☐ DK ohd

9.9 Laboratory/cytology results available? ----- ☐ Yes ☐ No ☐ DK lab

9.10 Did a health care worker tell you the cause of death? ----- ☐ Yes ☐ No ☐ DK hccod

9.10.1 If Yes, What did s/he say?

10.0 Date form checked by VA Village Reporter Supervisor: ----- dd mm yyyy chkdate

vrsupsign

10.1 Signature (please keep the signature within the box provided) -----

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Interviewer: please add your comments & observation at the back of this last page and thank the respondent(s) for their cooperation



Safer, healthier people. Research for health solutions



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