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## CDC/KEMRI DSS VERBAL AUTOPSY QUESTIONNAIRE NEONATAL AND POSTNEONATAL DEATHS

File number			Interview	er		D	ate of int	erview			/ 🗔
Instructions to			ce yourself	and ex		he purpos	e of you	└─ r visit. As			
or to another a a time to revisi								ath. If this	s is not	possibl	e, arrange
Section 1. I	nformant ic	dentific	ation								
			1.4 Rel to dece 1=Biologio 2=Father	eased	nip	1.5 Appropr 1=Very appro 2=Appropriat	opriate	1.6 Ava 1 = Present time of the 2 = Absent	at the visit at the	1 = Prim	<b>ipation</b> ary informant
1.1 Names	1.2 Age Years> 14	1.3 Sex M/F	3=Grand p 4=Aunt 5=Co-wife 6=Sibling 7=Adoptiv 8=Other	to mother		3=Probably a 4=May be ap	appropriate	time of the can be con and visited 3 = Unavail impossible contact	able,	who par interview 3 = Pres participa	ticipated in the v ent but did not
		О М О F	<pre>01 0:</pre>			○ 1 ○ 3	O 2 O 4	O1 O2	2 () 3	() 1 () 3	○ 2 ○ 4
		() M () F	<pre>01 0: 05 0:</pre>		_	○ 1 ○ 3	○ 2 ○ 4	O1 O2	2 () 3	() 1 () 3	○ 2 ○ 4
		О М О F	O1 O:	_	O 4 O 8	() 1 () 3	O 2 O 4	O1 O2	2 () 3	○ 1 ○ 3	○ 2 ○ 4
		() M () F	O1 O:		O 4 O 8	○ 1 ○ 3	O 2 O 4	O1 O2	2 () 3	O 1 O 3	○ 2 ○ 4
1st attempt to cor	ntact the best resp		/			empt:	/ /	3rd atter	npt:	_/	/
Section 2. E	Background	d inforr	mation or	dece	eased						
2.1 Names of he	ead of compo	ound									
Christian name	,		Juok name				Fa	ather's name			
2.2 Village/Com	ipound, House							Village	Com	pound	House
· ·	•						-		0 0	00	A 8 0
	make sure that this may be differ					was fed!!	1 2 3		1 ()	0000	B L V C M W D N X
							4 5	000	4 (	0 0	<ul><li>© (Y)</li><li>F (P)</li><li>Z</li></ul>
							6	000	6 🔾	$\circ$	<ul><li>©</li></ul>
2.3 Names of cl	hild						8 9	000	8 🔾	0 0	H R 1 S J T
Christian name			Juok name	<del>)</del>			F	ather's name			
2.4 Child's perm	nanent ID The	e data en	try clerk will	enter t	he ID n	umber			TT	TT	
2.5 Names of m	nother										
Christian name			Juok name				Fa	ather's name			
2.5a Mother's p	ermanent ID 1	The data	entry clerk	will ente	er the II	) number				TT	
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2.6 Child's sex	OM OF
2.7 Child's date of birth (dd/mm/yyy)	
2.8 Child's date of death (dd/mm/yyyy)	
2.9 Child's age at death (years/months[days])	Years Months [Days]
If child <1 month old, record # days If child is a stillbirth, complete days as 00. If child is a stillbirth, complete section 3, 6, and 9; skip section 4, 5, 7 and 8.	0 0 0 0 0 0 0 0 0 0 1 0 0 1 0 0 2 0 0 2 0 0 2 0 0 3 0 0 3 0 0 4 0 0 4 0 0 5 0 0 5 0 0 5 0 0 6 0 0 7 0 0 7 0 0 7 0 0 8 0 8 0 8 0 9 0 0 9 0 0 9 0 0
Section 3. Information about informant and caretakers	
This section refers to the individual in section 1 listed as the primar	ry informant.
3.1 What class of primary did the informant complete? O Noschooling (	01 02 03 04 05 06 07 08
3.2 What class of secondary did the informant complete?O No	osecondary
3.3 How many years of further study after secondary did the informant complete?	None
3.4 Was the biological mother of <name> alive when the child died?</name>	
3.5 Was the biological father of <name> alive when the child died?</name>	Yes O No Unknown/NA
3.6 Where did <name> die?</name>	On the way to/from a health facility oecify)
Section 4. Accidents and injuries	
4.1 Did <name> die from an accident or injury?</name>	O Yes O No O DK
	If "No" or "DK", go to Section 5
4.1.a (If Yes, ask: ) What kind of injury or accident?	_
(Allow the respondent to answer spontaneously - Choose one)	○ Fall ○ Drowning
	<ul><li>○ Bite or sting</li><li>○ Burn</li><li>○ Sharp object (e.g. knife)</li><li>○ Poisoning</li></ul>
	O Assault/abuse
	Other(specify)

Note: If child died of an accident and was not ill before death, go to Section 9

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## Section 5. Questions about the symptoms of the child's last illness

"Please tell me about <NAME'S> last illness. Start with the MOST IMPORTANT signs of illness that the caretaker noticed, describe each symptom that occurred, when it first appeared and how frequent it was."

Use this to guide you through the rest of the questionnaire

5.1 Sign/Symptom (When possible use local for sign/symptom)	5.2 Code To be coded in Lwak Use symptom code list  0 1 2 3 4 5 6 7 8 9	5.3 When did it start? 1 day before death - [01] 10 days before death [10]	5.4 When did it stop? Until death - [00] Day before death [01]	5.5 Frequency  1 = Continuous 2 = On and off  3 = Once only 4 = Once a day  5 = Twice a day 6 = 3 times a day  7 = 4 times a day  8 = > 5 times a day  9 = DK 10 = NA 11 = At night
	000000000			01       02       03       04         05       06       07       08         09       010       011
				01 02 03 04 05 06 07 08 09 010 011
				01 02 03 04 05 06 07 08 09 010 011
				01 02 03 04 05 06 07 08 09 010 011
				01 02 03 04 05 06 07 08 09 010 011
				01 02 03 04 05 06 07 08 09 010 011
				01 02 03 04 05 06 07 08 09 010 011
				01 02 03 04 05 06 07 08 09 010 011
				01 02 03 04 05 06 07 08 09 010 011
				0 1       0 2       0 3       0 4         0 5       0 6       0 7       0 8         0 9       0 10       0 11

If the child was one month old or younger at the time of death, go to Section 6. Otherwise, go to Section 7.

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## Section 6. Questions about children one month or younger (neonates) at the time of death 6.1 Was <NAME> a single or multiple birth? 6.1a Was <NAME> a stillbirth? \_\_\_\_\_\_ O Yes 6.2 Did <NAME'S> pregnancy end \_\_\_\_\_? \_\_\_\_ On time O DK If "No" or "DK", go to 6.6 6.4 Did <NAME'S> mother recive any tetanus vaccination during the pregnancy? \_\_\_\_\_\_O Yes ONO ODK 6.5 Did <NAME'S> mother receive SP/Fansidar for malaria prevention during the antenatal visits?\_\_\_\_\_ Yes O No O DK 6.6 Where was <NAME> born? ----- Home O Hospital O Traditional birthattendant'shome On the way to/from health facility 6.7 Who assisted at <NAME'S> delivery? (Mark all that apply)----- O Noone (mother delivered alone) O Nyamrerwa,trained O Doctor/Clincialofficer/Nurse O Nyamrerwa,untrained Other women in compound Other(specify)\_ 6.8 Was the late part of the pregnancy, labour or delivery complicated? \_ O Yes O No O DK If "No" or "DK", go to 6.9 6.8.a. (If Yes, ask:) What complications occurred during late O Waters broke more than 1 day before contractions started pregnancy, labour or delivery? (Mark all that apply)..... Motherhadconvulsions O Excessive bleeding before or during delivery After respondent finishes, ask "Was there anything O Prolonged or difficult labour else?" Keep asking this prompt until the respondent O Child delivered feet first replies that there were no other complications. O Mother ill throughout this period Operativedelivery(specify)\_ Other(specify)\_ 6.9 What was <NAME'S> size at the time of birth?\_\_\_\_\_O Verysmall O Smallerthanusual O Aboutaverage O Largerthanusual 6.10 Were there any bruises or signs of injury on <NAME's> body after birth? \_\_\_\_\_ O Yes $\bigcirc$ DK 6.11 Did <NAME> have any malformations at birth?-----O Yes O No $\bigcirc$ DK If "No" or "DK", go to 6.12 6.11.a (If Yes, ask:) What type of deformity?\_\_\_\_O Cleft lip ○ Missingfingers ○ Verysmallhead ○ Missingear ○ Sixfingers ○ Shortarms O Very big head Other 6.11.b Did <NAME> die from this deformity? O DK \_\_\_\_\_O Yes 6.12 Did <NAME> breathe normally after birth? \_\_\_\_\_ O DK (Note: This does not include gasps or very brief efforts to breathe) 6.13 Did <NAME> suckle in a normal way after birth?\_\_\_\_\_\_\_ \(\text{No}\) No $\bigcirc$ DK If "No" or "DK", go to 6.15 6.14 Did <NAME> stop being able to suckle in a normal way?\_\_\_\_\_O Yes O No $\bigcirc$ DK If "No" or "DK", go to 6.15 0 1 2 3 4 5 6 7 8 9 6.14.a. (If Yes, ask:) How many days after birth did <NAME> stop suckling?\_\_\_\_\_ 000000000 7000000000

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6.15 Did <name> cry after birth?</name>				○ No K", go to	○ DK D 6.17
6.16 Did <name> stop being able to cry?</name>		If "I		○ No OK", go t	○ DK to 6.17
6.16.a. (If Yes, ask:) How many days after birth did <name> stop crying?</name>			0000	1 5 6 7 0000 0000	000
During the illness that led to death, did <name>:</name>					
6.17 Have yellow eyes or skin? (wang maratong/del maratong)			. ○ Yes	○ No	O DK
6.18 Have redness or drainage from the umbilical cord stump?			○ Yes	○ No	O DK
6.19 Have areas of the skin that were red and hot or peeling? (mbaha)			. O Yes	○ No	O DK
6.20 Have a skin rash with bumps (blisters) containing pus? (del maruodho)			. Yes	○ No	○ DK
6.21 Body feel cold when touched? (del mang'ich)			○ Yes	○ No	O DK
6.22 Bleed from anywhere?	. – – – – –			○ No K", go to	○ DK 6.23
6.22.a (If Yes, ask:) From where? (Mark all that apply)	⊜ Ears	○ Eye	○ Ge	enitals (	Mouth
	○ Nose ○ Other_	○ Rectu			
6.23 Have any swelling of the abdomen? (ich makuot)			_O Yes	○ No	○ DK
Part 7. Probing for symptoms or causes of death for all children (Reference period is within 1 month of the death)	ı				
7.1 Was <name> growing normally for his age?  NA refers to neonates who</name>			○ No after bir	○ DK rth	○ NA
During the illness that led to death, did <name> have:</name>					
7.2 A bulging fontanelle? (chuny wiye okuot)			○ Yes	○ No	○ DK
7.3 Fever? (del maore)		lo" or "Do	∴ Yes n't know	○ No /", go to	○ DK 7.4
7.3.a (If Yes, ask:) Did <name> have high fever? (liet)</name>		Days	○ Yes	○ No	○ DK
7.3.b. (If Yes to either fever, ask:) How many days did the fever last?		0 	000	4 5 6 7 0 0 0 0	000

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- 7.4 Malaria?		○ No "DK", go	- DK ⊖ to 7.5
7.4.a Did <name> have serious malaria? (midhusi)</name>	Yes	○ No	○ DK
7.4.b Did <name> have severe malaria? (sambua/talarieya)</name>	O Yes	○ No	O DK
7.5 Any vomiting? (ng'ok)	Yes	○ No	○ DK
7.6 Diarrhoea (diep) or more frequent or more liquid stools than usual?	○ Yes If "No" or	○ No "DK", g	○ Di o to 7.7
7.6.a When the diarrhoea was most severe, how many times per day did <name> pass stools?</name>		_	
7.6.b. For how many days were the stools more frequent or liquid?	0 1 2 3	0000	000
7.6.c Was there bloody diarrhoea? (diep mar remo)		○ No	O DI
7.6.d Was there diarrhoea with pus? (diep mar tutu)	Yes	○ No	O DŁ
7.6.e Was there watery diarrhoea? (diep mar pi)		○ No	O DI
7.6.f Did <name> have sunken eyes when he was ill with diarrhoea?</name>	Yes	○ No	O DI
7.6.g Did <name> have sunken fontanelle when he was ill with diarrhoea? (chuny wiye olutore)</name>		○ No	O DŁ
7.6.h During the time <name> was ill with diarrhoea, did he drink ORS?</name>	O Yes	○ No	O DI
7.7 Have a cough? (ahonda)		_	○ Dł o to 7.8
7.7.a For how many days did the cough last?	Days 0 1 2 3	000	000
7.7.b Was the cough severe?		000	0 0 0 DH
7.8 Have difficult breathing? (kor mathung)		○ No	○ Dh to 7.9

7.4.b Did <name> have severe malaria? (sambua/talarieya)</name>	O Yes	○ No	O DK
7.5 Any vomiting? (ng'ok)	Yes	○ No	○ DK
7.6 Diarrhoea (diep) or more frequent or more liquid stools than usual?		○ No "DK", go	O DK
7.6.a When the diarrhoea was most severe, how many times per day did			
<name> pass stools?0 1 (</name>	) 2	<b>O</b> 5	○ 6+
7.6.b. For how many days were the stools more frequent or liquid?	0 1 2 3	000	000
7.6.c Was there bloody diarrhoea? (diep mar remo)	Yes	○ No	○ DK
7.6.d Was there diarrhoea with pus? (diep mar tutu)	O Yes	○ No	○ DK
7.6.e Was there watery diarrhoea? (diep mar pi)	O Yes	○ No	○ DK
7.6.f Did <name> have sunken eyes when he was ill with diarrhoea?</name>		○ No	○ DK
7.6.g Did <name> have sunken fontanelle when he was ill with diarrhoea? (chuny wiye olutore)</name>		○ No	○ DK
7.6.h During the time <name> was ill with diarrhoea, did he drink ORS?</name>		○ No	○ DK
7.7 Have a cough? (ahonda)	Yes If "No" or	○ No "DK", go	○ DK
	Days		
	0 1 2 3	4 5 6	7 8 9
7.7.a For how many days did the cough last?		000	000
7.7.b Was the cough severe?	Yes	○ No	○ DK
7.8 Have difficult breathing? (kor mathung)	O Yes If "No" or "	○ No 'DK", go	○ DK to 7.9
	Days		
	0 1 2 3	4 5 6	7 8 9
7.8.a For how many days did <name> have difficult breathing?</name>			
7.9 Have fast breathing? (yueyo matek)	····· ○ Yes If "No" or "		○ DK to 7.10
	Days		
	0 1 2 3	4 5 6	7 8 9
7.9.a For how many days did the fast breathing last?		000	000
7.10 Have in-drawing of the chest? (Demonstrate)	○ Vec	○ No	□ DK

5	n	5	1	2	1	۵	۵	2	۵	
2	u	$\mathbf{z}$	4		_	7	7	_	7	

7.11 Have wheezing? (kore liyo - Demonstrate sound)  7.12 Have spasms or convulsions? (rierwuok/riere)		○ No	○ DK
	O Yes	O Na	
7.40 M/op -NAME, group of constitute a superior (look) distinct the State of the St		○ No	○ DK
7.13 Was <name> ever at any time unconscious (loch) during the illness that led to death?</name>	O Yes	○ No	○ DK
At any time during the illness that led to death, did			
7.14 Stop being able to grasp? (ok nyal mako gimoro)	O Yes	○ No K", go to	○ DK
7.14.a How long before <name> died did he stop being able to grasp? Less than 12 hours</name>		_	
7.15 Stop being able to respond to a voice? (ok nyal winjo duol)		○ No K", go to	○ DK
7.15.a How long before <name> died did he stop being able to respond to a voice? Less than 12 hours</name>		_	
7.16 Stop being able to follow movements with the eyes? (ok nyal luwo gik mokogi wang'e)		○ No K", go to	
7.16.a How long before <name> died did he stop being able to follow movements with the eyes? C Less than 12 hours</name>			
7.17 Have a stiff neck? (ng'ut motal - Demonstrate)	Yes	○ No	○ DK
7.18 During the month before <name> died, did he have a skin rash? (del moruodho)</name>		○ No K", go to	○ DK 7.19
7.18.a Was the rash all over <name's> body? (del maluro)</name's>	O Yes	○ No	○ DK
7.18.b Was the rash also on <name's> face? (wang' maluro)</name's>		○ No	O DK
7.18.c. How many days did the rash last?	0 1 2 3	4 5 6 7	000
7.18.d Did the rash have blisters containing clear fluid? (kuonde moruodho man gi pi)		○ No	○ DK
7.18.e Did the skin crack/split or peel after the rash started?	O Yes	○ No	○ DK
7.18.f Was this illness measles? (alura/ang'iew)	Yes	○ No	O DK
During the illness that led to death, did <name>:</name>			
7.19 Become very thin? (nyathi modhero)	O Yes	○ No	○ DK
7.20 Have swollen legs or feet? (tielo mokuot)	r "Don't k		○ DK to 7.21
	eeks 0 1 2 3	3 4 5 6	7 8 9
7.20.a. How many weeks did the swelling last?	0000	0000	000
7.21 Skin flake off in patches? (del mapudhore)	O Yes	○ No	○ DK
7.22 Hair change to a reddish colour? (yiewich ma rakwar)	() Yes	○ No	○ DK
7.23 Have body swelling and miserable (kwashiorkor) during the month before he died (akuodi del makuot)	() Yes	○ No	○ DK

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7.24 Have wasting and look like an 'old man' (marasmus) dur died? (odhero)			O Yes	○ No	○ DK
7.25 Suffer from lack of blood or pallor? (remo matin)				○ No	O DK
7.26 Have pale palms? (Iwedo marachar)			_ O Yes	○ No	O DK
7.27 Have white nails? (kokene rachar)			Yes	○ No	○ DK
7.28 Have swellings in the armpits? (yuoth mokuot)			_ O Yes	○ No	O DK
7.29 Have swellings in the groin? (awang' mach)			Yes	○ No	O DK
7.30 Have a whitish rash inside the mouth or on the tongue? rachar)			O Yes	○ No	○ DK
Section 8. Treatment					
All questions refer to the child's LAST illness					
8.1 Was care sought outside the home while <name> had th</name>	is illness?	() Yes If "No" or		○ DK "NA", go	○ NA o to 8.2
8.1.a Where or from whom did you seek care? (Mark all that apply)	_		○ R	eligiouslea	der
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.	<ul> <li>○ Government/missionhealthcenter/clinic</li> <li>○ Pharmacy/drugseller</li> <li>○ Government/missionhospital</li> <li>○ Other</li> <li>○ Nyamrerwa(TBA)</li> <li>○ Bush doctor</li> <li>○ Privatephysician</li> </ul>				
8.1.b (If answer to 8.1.a is Hospital, ask:) Which hospital(s) (Mark all that apply)		0.16		0.11	
(Mark all that apply)		<ul><li></li></ul>		│	
	○ Kisumu Distric		71011101	O Ngiy	
	Other				
8.1.c How many nights in total did <name> spend in the ho</name>	ospital(s)?	Days 0	1 2 3 4	4 5 6 7 0000	8 9
8.2 Was <name> given any herbal remedies at home?</name>					O INA
8.3 Did <name> receive any western drugs during the illness</name>	?		○ Yes or "DK",		○ DK ction 9
8.3.a (If Yes, ask:) Did <name> receive any anti-malarial of</name>	•	If "No" or "			○ DK
8.3.b (If Yes, ask:) Which anti-malarial drug did <name> re</name>		11 140 01 1	ore, go	.0 000110	11 0.0.0
(Mark all that apply)		uine/malaraqui	in () Fan	sidar/SP/F	alcidin
	○ Amodia	quine/camoqu	ine () Qui	nine	
	Other -				_
8.3.c Did <name> receive any drug for fever (del maore) d</name>	uring the illness?	If "No"	_ ○ Yes or "DK",	_	○ DK ection 9
8.3.d Which drug for fever did <name> receive? (Mark all to</name>	that apply)	O Para	acetamol	0	Aspirin
		Othe	er		

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## Section 9. Burial permit

9.1 Was a burial permit issued?		. Yes	○ No r <i>DK</i> , go	○ DK
9.1.a (If Yes, ask:) Can I see the burial permit?			permitnot	
9.1.b What is the serial number on the permit?		0 1 2 3 4	000 000 000 000 000 000	
9.2 What do you think could have caused <name's> last illness/death?  Write down the cause  End of interview - Thank the respondent(s) for their co-</name's>			0 1 2 3 4 5 6 7 8	000000000000000000000000000000000000000
Interviewer's comments and observations				
Date form checked by VA Village Reporter Supervisor: Signature	 dd	/ mm	/уууу	