

Form 5

Verbal Autopsy Questionnaire

FOR INVESTIGATION OF MATERNAL DEATHS

NAME OF THE STATE	
NAME OF THE DISTRICT	
NAME OF THE BLOCK	
NAME OF THE PHC	
NAME OF THE SHC	
NAME OF THE VILLAGE	
NAME OF THE PREGNANT WOMAN/ MOTHER	
NAME OF THE HUSBAND/OTHER (FATHER/MOTHER)	
DATE OF DEATH	
NAME & DESIGNATION OF THE INVESTIGATOR(S)	
NAME & DESIGNATION OF THE INVESTIGATOR(S)	
DATE OF INVESTIGATION	
PROBABLE CAUSE OF DEATH	

(For investigation of maternal deaths at community level)

General Instructions

1. **CONFIDENTIALITY:** After the formal introduction to the respondents, the investigating official should give assurance that the information will be kept **confidential**.
2. Throughout the interview, the interviewer should be very polite and sensitive questions should be avoided.
3. Make all the respondents seated comfortably and explain to them that the information that they are going to provide will help to prevent such deaths of mothers in future.
4. Allow the respondents to narrate the events leading to the death of the mother in their own words. Keep prompting until the respondent says there was nothing more to say.
5. Do not ask questions which are not in the interview schedule.
6. Wherever needed, the investigating official should encourage the respondents to bring out all information related to the event.
7. Please also write information in a **narrative form**.

- 8. NEUTRALITY AND IMPARTIALITY:** The interviewer should not be influenced by the information provided by the field health functionaries, doctors or by the information available in the mother care register, case sheets etc.

The format is divided into three modules:

MODULE - I

This form will be used for collection of general information about the deceased woman in case of all maternal deaths

MODULE - II

This form should be used to collect details about maternal death during antenatal period or due to abortion

MODULE - III

This form should be used to collect details about deaths during delivery or postnatal period

VERBAL CONSENT FORM

Instructions to Interviewer: Please ask the respondent to acknowledge her/his consent to be interviewed by checking the response below. The interviewer should sign and put date below. If the respondent does not consent to the interview, thank her/him for their time and terminate the conversation.

My name is [say your name]. I am a ____/____ at the ____ center/hospital, and an interviewer for Maternal Death Review. I have been informed that a woman (name) in your household has died recently. I am very sorry to hear this. Please accept my condolences.

The purpose of our visit is to collect information about causes of death of the woman (name) so that we can work on improving health care services which will help prevent death of other women because of similar reasons/ circumstances.

Your participation will help to improve maternal and newborn care services for women and babies in your area. We would like to talk to the person in your house who took care of [say the woman's name] before death.

We will ask questions about the woman (name) who recently died. We will ask about her background, pregnancy history and events during her most recent pregnancy. We assure you that any information you or your family provide will be kept confidential and your name will not be used in any way.

Your participation in this interview is voluntary and refusal to participate will not affect you in any manner. You may discontinue participation at any time or choose to not answer any question.

The interview will take approximately one hour.

At this time do you want to ask me anything about the interview?

Answer any questions and address respondents concerns

Do you agree to participate in this interview? YES NO

Respondent

Name _____ Signature _____

Interviewer

Name _____ Signature _____

Date _____

Respondent's relationship with the deceased woman

General Information

(Enclose the Primary informant form with this format)

NAME & DESIGNATION OF THE INVESTIGATOR 1	
NAME & DESIGNATION OF THE INVESTIGATOR 2	
NAME & DESIGNATION OF THE INVESTIGATOR 3	
DATE OF INVESTIGATION	

Signature of reporting person:

Designation:

Date:

MODULE I

The form is intended to capture general information and information about previous pregnancy history, wherever applicable. It should be used for all the maternal deaths irrespective whether the death occurred during antenatal, delivery or postnatal period including abortion)

I BACKGROUND INFORMATION			
1.	Name of the respondent		
2.	Name of the deceased woman		
3.	Relationship of the respondent/s with the deceased woman		
4.	Age of the deceased woman at the time of death	_____ yrs	
5.	Period of Death	Yes	No (tick)
	a) During pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
	b) During delivery	<input type="checkbox"/>	<input type="checkbox"/>
	c) Within 42 days after delivery	<input type="checkbox"/>	<input type="checkbox"/>
	d) During abortion or within 6 weeks after abortion	<input type="checkbox"/>	<input type="checkbox"/>
6.	Place of Death (tick)		
	a) Home.....1	b) Sub-District Hospital.....2	
	c) Sub-Health Centre.....3	d) District Hospital.....4	
	e) PHC.....5	f) Private Hospital.....6	
	g) CHC.....7	h) In-transit.....8	
	i) Others, (Specify.....).....9		
7.	Specify the name and place of the institution or village /urban area where death occurred		
8.	Date & Time of Death	Date: __DD/ __MM/ __YYYY Time: ____: ____ am/ pm	
9.	Did the doctor or nurse at the health facility tell you the cause of death?	Yes.....1 No.....2 Not applicable.....3	Go to sec II
10.	If yes, what was the cause of death?		
II Profile of deceased woman			
	Age at marriage	_____ years/ Not married	
	Religion	a) Hindu.....1	
		b) Muslim.....2	
		c) Christian.....3	
		d) Others (Specify.....).....4	

	Caste	a) SC.....1	
		b) ST.....2	
		c) OBC.....3	
		d) General.....4	
	BPL Status	a) BPL.....1	
		b) Non-BPL.....2	
	Education status		
	a) Illiterate.....1	b) Completed 5 th std.....2	
	c) Completed 8th std.....3	d) Completed 12th std.....4	
	e) Graduate.....5	f) Others (Specify ____).6	
III Availability of health facilities, services and transport			
	Name and location of the nearest government / private facility providing Emergency Obstetric Care Services		
	Distance of this facility from the residence		
	Mode of transport available to reach this facility		
IV Write 'GPLA-Gravida, Para, Live Births, Abortions)			
1.	Gravida		
2.	Para		
3.	Live Births		
4.	Abortions		
V Current pregnancy (To be filled from the information given by the respondents and MCP Card)			
1.	Infant Survival		
	a) Alive.....1	b) New born death.....2	
	c) Still birth.....3	d) Not applicable.....4	
	Antenatal care received	Yes.....1 No.....2 Do not know.....3	Go to Q6
3.	If yes, write number of antenatal checkups received	_____	
4.	Place of antenatal check-ups (Multiple responses possible)		
	a) VHND.....1	b) Sub Health Centre.....2	
	c) PHC.....3	d) CHC.....4	
	e) District Hospital.....5	f) Pvt. Hospital/clinic.....6	
	g) 7	h) Don't know.....8	
	i) Not applicable.....9	j) Others, (specify _____).10	

5.	Services received during ANC (multiple response possible)	a) Tetanus Toxoid Injection.....1 b) Blood Pressure measurement...2 c) Hemoglobin test.....3 d) Abdominal Examination.....4 e) Iron Folic Acid provided.....5 f) Don't know6	
6.	Did the deceased woman have any problem during the antenatal period?	Yes.....1 No.....2 Not known.....3	Go to Module II
7.	What were the symptoms she had?	a) Head ache.....1 b) Edema.....2 c) Anemia.....3 d) High blood pressure.....4 e) Bleeding p/v.....5 f) No foetal movements.....6 g) Fits.....7 h) Sudden excruciating pain.....8 i) High fever with rigor9 j) Others (specify.....).....10	
8.	Did she seek care for these symptoms?	Yes.....1 No.....2	Go to Q 10
9.	Where did she seek care?	a) Sub Health Centre.....1 b) PHC.....2 c) CHC.....3 d) District Hospital.....4 e) Pvt. Hospital/clinic.....5 f) Quack.....6 g) Don't know.....7 h) Not applicable.....8 i) Others, (specify.....).....9	Go to Module II
10.	What were the reasons for not seeking care? (Multiple responses possible)	a) Severity of complication not known.....1 b) Health facility was very far.....2 c) Lack of transport.....3 d) Financial reasons.....4 e) Family reasons5 f) Faith in local healers / dai.....6 g) Disrespectful behaviour of the providers.....7 h) Beliefs and customs.....8 i) Others (Specify.....).....9	

Note: Education status categories may be as: a. Illiterate b. up to 5th c. 5th to 8th d. 8th to 12th e. completed 12th f. Graduate g. Others (Specify.....)

MODULE - II

This module is to be filled for the maternal deaths that occurred during the antenatal period or if the deaths due to abortion related causes.

VI	No. of weeks of pregnancy completed at the time of death? <i>(Help the respondent in estimating weeks of pregnancy)</i>	_____ weeks	<i>If less than 6 weeks go to sub section VIII</i>
VII	Death during Antenatal Period		
1.	What was the problem that the deceased woman had at the time of death?		
2.	What were the symptoms?		
	a) Head ache.....1	b) Edema.....2	
	c) Anemia.....3	d) High blood pressure.....4	
	e) Bleeding p/v.....5	f) No foetal movements.....6	
	g) Fits.....7	h) Sudden excruciating pain.....8	
	i) High fever with rigor9	j) Others (specify.....).....10	
3.	Was she referred at that time?	Yes.....1 No.....2 Not known.....3	Go to Q 6
4.	Did she seek care for these complications?	Yes.....1 No.....2	If yes, fill the table no. 1 for referral transport If no skip to Q 6
5.	If yes, where did she seek care?		
	a) PHC.....1	b) CHC.....2	
	c) District Hospital.....3	d) Pvt. Hospital/clinic.....4	
	e) Quack.....5	f) Don't know.....6	
	g) Others, (specify.....).....7		Go to Sec VIII

6.	In case of not seeking care from the hospital, what were the reasons for not seeking care (<i>Multiple responses possible</i>)		
	a) Severity of complication not known.....1	b) Health facility was very far.....2	
	c) Lack of transport.....3	d) Financial reasons.....4	
	e) Family reasons.....5	f) Faith in local healers / dai.....6	
	g) Beliefs and customs.....7	h) Disrespectful behaviour of the providers.....8	
	i) Others (Specify.....).....9		
VIII	Abortion related Death		
1	Did the deceased woman (name) die while having an abortion or within 6 weeks after having an abortion?	Yes.....1 No.....2 Not known.....3	
2	Type of abortion	a) Spontaneous.....1 b) Induced2 c) Don't know.....3	If induced Go to Q. 5
3	Date of spontaneous abortion/ date of termination of pregnancy	DD___/ MM___/ ____YYYY	
4	If the abortion was spontaneous, where was the abortion completed?		Go to Q 9
	a) Home.....1	b) PHC.....2	
	c) CHC.....3	d) DH.....4	
	e) Private hospital/clinic.....5	f) Don't know.....6	
	g) Others (Specify.....).....7		
5	If the abortion was induced, how was it induced?	a) Oral Medicine.....1 b) Traditional Vaginal Herbal Medication.....2 c) Instrumentation.....3 d) Don't know.....4	
6	If the abortion was induced, where did she have the abortion?		
	a) Home.....1	b) PHC.....2	
	c) CHC.....3	d) DH.....4	
	e) Private hospital/clinic.....5	f) Don't know.....6	
	g) Others (Specify-----)7		
7	If the abortion was induced, who performed the abortion?		
	a) Allopathic Doctor.....1	b) AYUSH doctor.....2	
	c) Nurse.....3	d) Quack.....4	
	e) Dai.....5	f) Don't know.....6	
	g) Other (Specify.....).....7		

8a	What was the reason for inducing abortion?	a) Medical Condition/Bleeding started spontaneously.....1 b) Wanted to terminate the pregnancy.....2 c) Don't know.....3	
8b	Describe the reasons for inducing the abortion		
9	What were the complications/ symptoms that the woman had after abortion?		
	a) High fever.....1	b) Foul smelling discharge.....2	
	c) Bleeding.....3	d) Shock.....4	
	e) None.....5	f) Don't know.....6	
10	After developing complications following abortion, did she seek care?	Yes.....1 No.....2 Not applicable.....3	Go to Q 12
11	If yes, where did she seek care?		If the answer is <i>any facility</i> , also fill the table 1 below for referral transport
	a) SHC.....1	b) PHC.....2	
	c) CHC.....3	d) DH.....4	
	e) Private hospital/clinic.....5	f) Quack.....6	
	g) Don't know.....7	h) Others (Specify.....).....8	
12	In case of not seeking care from the hospital, what were the reasons for not seeking care		
	j) Severity of complication not known.....1	k) Health facility was very far.....2	
	l) Lack of transport.....3	m) Financial reasons.....4	
	n) Family reasons.....5	o) Faith in local healers / dai.....6	
	p) Beliefs and customs.....7	q) Disrespectful behaviour of the providers.....8	
	r) Others (Specify.....).....9		

Please fill the table below for the details on transport, referral and type of care given				
Table 1				
Place	Home/ Village	Facility 1	Facility 2	Facility 3
Date (DD/MM/YY)				
Time of onset of complication or onset of labour				
Time of calling/ arrival of transport				
Transport used				
Name of Facility/ Level of referral		Facility 1	Facility 2	Facility 3
Time to reach				
Money spent on transport				
Reason for referral				
Referral slip (given or not)				
Treatment given				
Money spent on treatment/ medicine/ diagnostics				
Time spent in facility				

MODULE - III

This module is to be filled for the maternal deaths that occurred during delivery or if the death occurred during postnatal period (after delivery of placenta)

IX	INTRANATAL SERVICES		
1	Place of delivery a) Home.....1 b) SHC.....2 c) PHC.....3 d) CHC.....4 e) DH.....5 f) Private hospital.....6 g) Transit.....7 h) Don't know.....8 i) Others (Specify.....).....9		In case of institution delivery also fill table 2 after completion of this form
2	In case of home delivery, what were the reasons for home delivery? a) Family's preference.....1 b) Village Dai is good.....2 c) No transport facilities.....3 d) Cost of transport is high..4 e) No information given about need for institutional delivery.....5 f) Services not available at the nearest health facility.....6 g) High expenses.....7 h) Bad experience at institution.....8 i) No complication so no need.....9 j) Home is more comfortable.....10 k) Others (Specify.....).....11		
3	No. of completed pregnancy weeks at time of delivery	_____ weeks	
4	Date and Time of delivery	Date : Time __:___ am/pm	
5	Date and Time of death	Date: Time __:___ am/pm	
6	Who conducted the delivery? a) Allopathic doctor.....1 b) AYUSH doctor.....2 c) ANM.....3 d) Staff nurse.....4 e) Dai.....5 f) Quack.....6 g) Relatives.....7 h) Don't know.....8 i) Others (specify.....).....9		
7	Type of delivery a) Normal.....1 b) C- section.....2 c) Assisted.....3 d) Unattended.....4 e) Don't know.....5		

8	Outcome of the delivery (write numbers in each column) Or not applicable if not delivered but died in labour	Live births	Still births	
9	What were the complications that the deceased woman (name) had during labour/ delivery?			
	a) Prolonged labour (Primi>12 hrs / Subsequent deliveries >8 hrs).....1	b) Severe bleeding/ bleeding with clots- (one saree/in skirt soaked =500ml).....2		
	c) Labour pain which disappeared suddenly.....3	d) Inversion of the uterus.....4		
	e) Retained placenta.....5	f) Convulsions.....6		
	g) Severe breathlessness /cyanosis/ edema.....7	h) Unconsciousness.....8		
	i) High fever.....9	j) Not applicable.....10		
	k) Other (specify.....)	11	
10a	<i>In case of institutional delivery,</i> what was the treatment provided at the health facility?	a) Received IV drip.....1 b) Blood transfusion.....2 c) Oxygen was given.....3 d) Don't know.....4 e) Others (specify.....)....5		
10b	See the hospital records if available and fill details of treatment received.			
10c	Any information given to the relatives about the nature of complication from the hospital	Yes.....1 No.....2	If no, Go to Q 10e	
10d	If yes, please describe			
10e	Was there any delay in initiating treatment	Yes.....1 No.....2 Not known.....3 Not Applicable.....4	} Go to Q 12	
10f	If yes, please describe		Go to Q 12	
11a	In case of home delivery, did the woman seek care?	Yes.....1 No.....2	If yes, Go to Q11c	

11b	In case of not seeking care, what were the reasons for not seeking care		Go to Sec X
	a) Severity of complication not known.....1	b) Health facility was very far.....2	
	c) Lack of transport.....3	d) Financial reasons	
	e) Family reasons.....5	f) Faith in local healers / dai.....6	
	g) Beliefs and customs.....7	h) Disrespectful behaviour of the providers.....8	
	i) Others (Specify.....).....9		
11c	Where did she seek care?		
	a) SHC.....1	b) PHC.....2	
	c) CHC.....3	d) DH.....4	
	e) Private hospital.....5	f) Quack.....6	
	g) Don't know.....7	h) Others (Specify.....).....8	
11d	Any information given to the relatives about the nature of complication by the care provider?	Yes.....1 No.....2	If no, Go to Q 11f
11e	If yes, please describe		
11f	Was there any delay in initiating treatment	Yes.....1 No.....2 Don't know.....3 Not applicable.....4	Go to Q 12
11g	If yes, please describe		
12	Was the deceased woman referred – from the place of delivery in case of institutional delivery	Yes.....1 No.....2 Not known.....3	
13	In case of home delivery, was the deceased woman referred from first point of seeking care for complication?	Yes.....1 No.....2 Not known.....3	
14	Did she attend the referral centre?	Yes.....1 No.....2 Not known.....3	Also fill table 2 given below for information on referrals

15	In case of not seeking care from the hospital, what were the reasons for not seeking care		
	s) Severity of complication not known.....1	t) Health facility was very far.....2	
	u) Lack of transport.....3	v) Financial reasons.....4	
	w) Family reasons.....5	x) Faith in local healers / dai.....6	
	y) Beliefs and customs.....7	z) Disrespectful behaviour of the providers.....8	
	aa) Others (Specify.....).....9		
16	Any information given to the relatives about the nature of complication from the hospital	Yes.....1 No.....2	If no, Go to Q.18
17	If yes, please describe		
18	Was there any delay in initiating treatment	Yes.....1 No.....2 Don't know.....3 Not Applicable.....4	Go to Sec XI
19	If yes, please describe		
If the death happened after delivery of placenta then fill section X also- as it would be classified as death during post natal period			
X	POST NATAL PERIOD		
1	Did the deceased woman (name) have any problem following delivery	Yes.....1 No.....2 Don't know.....3	Go to Q 10
2a	Date and time of onset of the problem	Date – DD __/MM__ / YYYY__ Time __:__:__	
2b	Duration of onset of problem after delivery	_____hrs _____days	

3	What was the problem during post natal period?			
	a) Severe bleeding.....1	b) High fever and foul smelling discharge.....2		
	c) Unconsciousness/ visual disturbance.....3	d) Bleeding from multiple sites4		
	e) Severe leg pain, swelling5	f) Abnormal behaviour.....6		
	g) Severe anemia.....7	h) Sudden chest pain & collapse.....8		
	i) Don't know.....9	j) Others (Specify.....).....10		
4	Did she seek treatment	Yes.....1 No.....2	If yes, also fill table 2 If no Go to Q No. 7	
5	If yes, where did she seek treatment			
	a) SHC.....1	b) PHC.....2		
	c) CHC.....3	d) DH.....4		
	e) Private hospital/clinic.....5	f) Quack.....6		
	g) Don't know.....7	h) Others (Specify.....).....8		
6a	What was the treatment provided at the health facility?	a) Received IV drip.....1 b) Blood transfusion.....2 c) Oxygen was given.....3 d) Don't know.....4 e) Others (specify.....).....5		
6b	See the hospital records if available and fill details of treatment received.			
7	Was she referred?	Yes.....1 No.....2	If no, Go to Q.10	
8	Did she attend the referral center?	Yes.....1 No.....2	If yes, also fill table 2	
9	In case of not seeking care from the hospital, what were the reasons for not seeking care			
	a) Severity of complication not known.....1	b) Health facility was very far.....2		
	c) Lack of transport.....3	d) Financial reasons.....4		
	e) Family reasons.....5	f) Faith in local healers / dai.....6		
	g) Beliefs and customs.....7	h) Disrespectful behaviour of the providers.....8		
	i) Others (Specify.....).....9			

10	Did she receive any postnatal check ups	Yes.....1 No.....2	If no, <i>end of the questionnaire</i>
11	No. of post natal check ups received	_____	
12	Who did the post natal check ups		
	a) Doctor.....1	b) ANM.....2	
	c) ASHA.....3	d) Dai.....4	
	e) Quack.....5	f) Don't know.....6	
		g) Others (Specify-----)7	

Please fill the table below for the details on transport, referral and type of care given				
Table 2				
Place	Home/ Village	Facility 1	Facility 2	Facility 3
Date (DD/MM/YY)				
Time of onset of complication or onset of labour				
Time of calling/ arrival of transport				
Transport used				
Name of Facility/ Level of referral		Facility 1	Facility 2	Facility 3
Time to reach				
Money spent on transport				
Reason for referral				
Referral slip (given or not)				
Treatment given				
Money spent on treatment/ medicine/ diagnostics				
Time spent in facility				

XI. Open history (Narrative format) (explore)

This image shows a full page of white paper designed for handwriting practice. It features 18 horizontal dashed lines spaced evenly across the page, providing a guide for letter height and placement. The lines are light gray and extend from the left margin to the right edge of the paper. There are no margins, text, or other markings on the page.

XII. According to you, what could have been done to prevent the death of the deceased mother?

[illegible]