



Basse Demographic Surveillance System

Verbal autopsy questionnaire in children (Age 29 days to <12 years of age)

Section 1: Identification & Demographic Data of Deceased.

Q101 Name of deceased _____ Q102. ID | | | | | | | | | |

Q103a. Address _____ Q103b. Location ID | | | | | | | |

Q104. Age of deceased | | |

Q105. Sex of deceased (*male=1; female=2*) |

Q106. Has the deceased ever been to school (koranic) or other
(**Highest level of education**) (*no education=1, Madrassa=2, Primary=3, Secondary=4,*) |

Q106a. If educated. Number of years of education of deceased | | |

EXPLAIN STUDY

Part A: interview details

No	Questions and filters	Coding Categories	Skip to
QA01	Interviewers initials		
QA02	Date of interview(dd/mm/yyyy)	/ /	

Part B: Selection of people to be interviewed

No.	Questions and filters	Coding Categories	Skip to
QB01	Who was looking after/caring for the child before his/her death? If Other, please specify _____	Mother 1 Father 2 Co-wife mother 3 Granny 4 Grandfather 5 Sister 6 Brother 7 Uncle 8 Aunt 9 Other 10	
QB02	Who was around at the time of the child's death? If Other, please specify _____	Mother 1 Father 2 Co-wife mother 3 Granny 4 Grandfather 5 Sister 6 Brother 7 Uncle 8 Aunt 9 Other 10	
QB03	Has the mother/female caretaker of the child ever been to school (koranic or other) If yes: What was the highest level she attended	No formal education 1 Madrassa 2 Primary 3 Secondary 4 Technical 5 University 6 Don't know 9	

QB04	What is her occupation? If other, specify _____	House wife 1 Farmer 2 Trader 3 Professional 4 Other 5 DK...6	____
QB05	Has the father/male caretaker of the child ever been to school (koranic or other) If yes: What was the highest level he attended	No formal education 1 Madrasa 2 Primary 3 Secondary 4 Technical 5 University 6 Don't know 9	____
QB06	What is his occupation? If other, specify _____	Farmer 1 Trader 2 Professional 3 Other 4	____

Part C: Listing of people who participated in the interview:

Name	Relationship to child	Present when the child was		When they joined/left the interview
		Ill	Died	

Section 2: Family's account of events around the child's death

Give an introduction explaining that we would like them to tell us what happened:

- 1. Around the child's death (final hours)*
- 2. From the time the child started to become ill to his/her death*

Try and create a time line based on what they say if the story is complicated (attached at back of survey).

Summary of symptoms & signs reported by respondent

Symptoms	Duration	Severity

Section 3: Background

No	Questions and filters	Coding Categories	Skip to
	<i>I'd like to begin by getting some background information about the child</i>		
Q301	<i>Date of Death (from HRS data)</i>	<i>/__/_/__/__/_/__/__/_/__/__/_/</i>	
Q302	Where did the death occur? If at health facility, specify _____	Home=1 Health facility=2 During transport=3 Other=4 DK=9	<input type="text"/> <i>(If the answer is 1,3 4 or 9 proceed to Q305)</i>
Q303	Did anyone from the health facility tell you the cause of death?	Yes 1 No 2 Don't know 9	<input type="text"/> <i>if no, or don't know skip to Q305</i>
Q303a	Who told you? Doctor=1, Nurse=2, DK=3	_____ →	<input type="text"/>
Q304	What did the person say was the cause of death? _____ _____		
Q305	What do you think was the cause of death? _____ _____		
Q306	Were any other children in the compound seriously ill at time that the child died? If YES, describe what kind of illness they had. _____	Yes 1 No 2 Don't know 9	<input type="text"/>
Q307	Had any other children in the compound recently had measles?	Yes 1 No 2 Don't know 9	<input type="text"/>
Q308	Had the deceased child been weaned?	Yes 1 No 2 Don't know 9	<input type="text"/>
Q309	How many days before death was the child not breastfed?	<i>Child >18 months=77 Don't know = 99</i>	<input type="text"/>

SECTION 4: Accidents & injuries

- Q401. Did s/he die from an injury or accident?** 1=Yes 2=No 3=DK |_|_|
(If No or DK go to section 5)
- Q401a. (If yes ask:) What kind of injury or accident?** Allow respondent to answer spontaneously |_|_|_|
 1= Transport accident (pedestrian) 2=Transport accident (passenger)
 3=Fall 4=Drowning
 5=Poisoning (specify) _____
 6=Bite or sting 7=Burn 8=Gun 9=Sharp object- e.g. knife
 10=Circumcision
 11=Assault/abuse (specify) _____
 12=Other (specify) _____
- Q401b. Did s/he die at the site where accident or injury occurred?** 1=Yes 2=No 9=DK |_|_|
If yes, or DK skip to section 6.
- Q402. For how long after the accident or injury did s/he survive?** |_|_|
 1=<24 hours, 2=>=24 hours 9=DK
- Q403. Did the child receive medical care before death?** 1=Yes, 2=No, 9=DK |_|_|
- Q404. Did the child have an ongoing chronic illness or was he/she sick in the month before the accident or injury?** 1=Yes, 2=No, 9=DK |_|_|
- Q404a. If yes to 404, What was the illness?** _____

SECTION 5: Symptoms during the final illness

(Reference period is within 1 month of the event of death)

- Q501. Was the child growing normally for his/her age?** Yes=1, No=2, DK=9 |_|_|
- Q502. During the illness that led to death, did s/he have a fever?** Yes=1, No=2, DK=9 |_|_|
(If No or DK, go to question Q503)
- Q502a. Was the fever?** Very severe=1, Moderate=2, Mild=3 DK=9 |_|_|
- Q502b. Was the fever?** Present all the time=1 Intermittent=2 DK=9 |_|_|
- Q502c. How many days did the fever last?** DK=99 |_|_|_|
- Q503. During the illness that led to death, did s/he have diarrhoea (more frequent or more liquid stools than usual)?** Yes=1, No=2, DK=9 |_|_|
(If no or DK skip to Q504)
- Q503a. Was the diarrhoea?** Present throughout illness=1 Intermittent=2 DK=9 |_|_|
- Q503b. When the diarrhoea was worst was the stool?** |_|_|
 Watery=1, Soft=2 Normal Consistency=3 DK= 9
- Q503c. Did the child have abdominal pain/colics?** Yes=1, No=2, DK=9 |_|_|
- Q503d. For how many days were the stools more frequent or liquid?** DK=99 |_|_|_|
- Q503e. On the day when the diarrhoea was most severe, how many times did he/she pass stools?** |_|_|_|
 DK=99
- Q503f. During the diarrhoeal episode, was the child given any fluids such as ORS.** Yes=1, No=2, DK=9 |_|_|
- Q504. Was there visible blood in the stools?** Yes=1, No=2, DK=9 |_|_|

- Q505. Did the child have sunken eyes?** Yes=1, No=2, DK=9
- Q506. During the final illness that led to death, did the child have vomiting?** Yes=1, No=2, DK=9
(If No or DK, go to question 507)
- Q506a Was the Vomiting? Present throughout the illness=1 Intermittent=2 DK=9
- Q506b When the vomiting was worst how often did the child vomit?
< 5 times per day=1 5-9 times per day=2 10 or more times per day=3
DK=9
- Q507. During the illness that led to death, did the child have a cough?** Yes=1, No=2, DK=9
(If No or DK, go to question 508)
- Q507a. For how many days did the cough last?
- Q507b. Was the cough? severe=1, moderate=2, mild=3
- Q507c Did the child cough up any sputum? Yes=1 No=2 DK=9
- Q507d Did the child cough up any blood? Yes=1 No=2 DK=9
- Q508. During the illness that led to death, did s/he have difficulty with breathing?** Yes=1, No=2, DK=9
(If No or DK skip to 509)
- Q508a. For how many days did the difficulty with breathing last? DK=99
- Q509. During the illness that led to death, did the child have fast breathing?** Yes=1, No=2, DK=9
(If "No" or "DK", go to question 510)
- Q509a. For how many days did the fast breathing last? DK=99
- Q510. During the illness that led to death, did s/he have indrawing of chest?** Yes=1, No=2, DK=9 ...
- Q511. During the illness that led to death, did he/she have wheezing?** (Demonstrate sound) Yes=1, No=2, DK=9
- Q512. During the final illness that led to death, did the child have fits or convulsions?** Yes=1, No=2, DK=9
(If no or DK skip to Q513)
- Q512a How many fits did the child have? <5 times per day=1 5-9 times per day=2
10 or more times per day=3 DK=9
- Q512b Between fits was the child.
Fully awake=1 Drowsy=2 Unconscious=3 DK=9
- Q513. Was the child unconscious during the illness that led to death?** Yes=1, No=2, DK=9
- Q514. At any time during the illness that led to death, did the child stop being able to respond to a voice?** Yes=1, No=2, DK=9
(If No or DK go to question 515)
- Q514a. How long before he/she died did the child stop being able to respond to a voice?
1=Less than 12 hours
2=12hours or more, DK=9
- Q515. Did the child have a stiff neck during the illness that led to death?** (Demonstrate) 1=Yes 2=No 9=DK
- Q516. Did the child have a bulging fontanelle during the illness that led to death?** 1=Yes, 2=No, 3=Child >1 year, 9=DK

- Q517. During the illness that led to death, did s/he have a skin rash?**
 1=Yes, 2=No, 9=DK |_|_|
(If No" or DK", go to Q518)
- Q517a. Was the rash all over child's body? 1=Yes, 2=No, 9=DK |_|_|
- Q517b. Was the rash on the child's face? 1=Yes, 2=No, 9=DK |_|_|
- Q517c. Was the rash present on the palms? 1=Yes, 2=No, 9=DK |_|_|
- Q517d. For how many days did the rash last? DK=99 |_|_|
- Q517e. What were the features of the rash? |_|_|
 Flat patches=1 Bumps=2 Bumps with fluid=3 Bumps with pus=4
 Other (describe)=5 _____
 DK=9
- Q517f. Did the skin crack/split or peel after the rash started? 1=Yes, 2=No, 9=DK |_|_|
- Q518 Did the child have sore, red eyes?** Yes=1 No=2 DK=9 |_|_|
- Q519. Was this illness measles?** ... 1=Yes, 2=No, 9=DK |_|_|
- Q520. During the illness that led to death, did the child become very thin?** |_|_|
 1=Yes, 2=No 9=DK *If No" or DK", go to Q521*
- Q520a. Had the child been thinner than normal? |_|_|
 Since birth=1 Since weaning=2 Neither=3
- Q521. During the illness that led to death, did the child have swollen legs or feet?** |_|_|
 1=Yes, 2=No, 9=DK
If No or DK, go to Q 522
- Q521a. How long (days) did the swelling last? DK=9 |_|_|
- Q522. During the illness that led to death, did child's skin flake off in patches?** |_|_|
 1=Yes, 2=No, 9=DK
- Q523. Did the child's hair change in colour to a reddish (or yellowish) colour?** |_|_|
 1=Yes 2=No 9=DK
- Q524. Did the child have generalised body swelling during the month before he/she died?** |_|_|
 1=Yes 2=No 9=DK
- Q525. Was the child miserable in the month prior to the death? E.g. reduced activity, reduced appetite** 1=Yes 2=No 9=DK |_|_|
- Q526. Did the child have wasting and appear like an old man (marasmus) during the month before he/she died?** 1=Yes 2=No 9=DK |_|_|
- Q527. During the illness that led to death, did the child suffer from lack of blood or appear pale?** |_|_|
 1=Yes 2=No 9=DK
- Q528. During the illness that led to death, did the child have swellings in the armpits?** |_|_|
 1=Yes 2=N0 9=DK
- Q529. During the illness that led to death, did the child have swellings in the groin?** |_|_|
 1=Yes 2=N0 9=DK
- Q530. During the illness that led to death, did s/he have swellings in the neck?** |_|_|
 1=Yes 2=N0 9=DK
- Q531. During the illness that led to death, did the child have a whitish rash inside the mouth or on the tongue?** 1=Yes 2=N0 9=DK |_|_|

Section 6: Health seeking behaviour & records

Q601	Between the child falling ill and dying did you take him or her to see anyone for treatment? <i>(prompt Traditional healer, relative etc)</i> <i>If no, skip to Q602</i>	Yes 1 No 2 Don't know 9	_ _
Q601a	If yes, was it Doctor=1, Nurse=2, Traditional healer=3, relative=4 DK=9 Other specify _____	→	_ _ + _ _ _ _ + _ _
Sequence of visit		First	Second
Q601b. List the treatment providers/facilities visited during the illness leading to death of N.		Third	Fourth

Q602. If answer to Q601 is no, Why not _____

Q603. Did the child receive medication for this illness? Yes=1, No=2, DK=9.....|_|_|
If yes, what type of medicines did s/he receive? *(prompt for names of antimalarials and other medicines)*

I'd like to ask you some questions about visits to the clinic apart from the final illness

Q604	Did you ever take the child to the clinic?	Yes 1 No 2 Don't know 9	_ _
Q605	Was the child vaccinated?	Yes 1 No 2 Don't know 9	_ _
Q606	Is the child's health card still available? <i>If yes, ask permission for photocopying</i>	Yes 1 No 2 Don't know 9	_ _
Q607	Do you give permission for MRC to examine any health records pertaining to the child?	Yes 1 No 2 Don't know 9	_ _

Q608. Was a death certificate issued? 1. Yes 2. No 9. DK |_|_|
If no or DK go to Section 7

Q609. Was the interviewer able to see the death certificate? 1=Yes No=2.....|_|_|

Q610. Record immediate cause of death appearing in death certificate _____

Q611. Record the first underlying cause of death _____

Q612. Record the second underlying cause of death _____

Q613. Record the third underlying cause of death _____

Q614. Record the contributing cause(s) of death _____

<u>SECTION 7: The family health</u>
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- Q701. Is the mother of the dead child healthy? 1=Yes No=2 DK=9
- Q702. Is the father of the dead child healthy? 1=Yes No=2, DK=9
- Q703. Have any other children of the same mother or father died before the age of 12 years?
1=Yes No=2 DK=9
- Q704. If yes, how old were they when they died?
- Q705. Has anyone in the family been diagnosed as having tuberculosis?
1=Yes No=2 DK=9
- Q706. If yes, who is it and did he/she/they live in the same house as the dead child?
1=Yes No=2 DK=9

<u>Section 8. Final comments</u>

Any additional notes or comments not included in the survey:

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Q801	Reliability of interview	Good 1 Indifferent 2 Bad 3	<input type="text"/>
Q802	Is there anyone else who should be interviewed?	Yes 1 No 2	<input type="text"/>
Q803	If YES: Instructions on how to find them		

Time line for symptoms/treatment from their start up to death

Symptoms/Complaints

Start of
Illness----- Death
(time interval)

Treatment Sought

Certified correct on: _____/_____/_____ By: _____