9801328810

CDC/KEMRI DSS VERBAL AUTOPSY QUESTIONNAIRE NEONATAL AND POSTNEONATAL DEATHS

File number			Interviewer	Date of int	erview /	
or to another a a time to revisi	dult caretake t the househ	er who v old whe	ce yourself and explain was present during the illen the mother or caretake	lness that led to de		
Section 1. In	1.2 Age Years>	1.3 Sex M/F	1.4 Relationship to deceased 1=Biological mother 2=Father 3=Grand parent 4=Aunt 5=Co-wife to mother 6=Sibling 7=Adoptive mother 8=Other	1.5 Appropriateness 1=Very appropriate 2=Appropriate 3=Probably appropriate 4=May be appropriate	1.6 Availability 1 = Present at the time of the visit 2 = Absent at the time of the visit but can be contacted and visited 3 = Unavailable, impossible to contact	1.7 Participation 1 = Primary informant 2 = Secondary informant who participated in the interview 3 = Present but did not participate 4 = Did not participate
		() M () F	01 02 03 04 05 06 07 08	0 1 0 2 0 3 0 4	O1 O2 O3	0 1 0 2 0 3 0 4
		() M () F	01 02 03 04 05 06 07 08	0 1 0 2 0 3 0 4	01 02 03	0 1 0 2 0 3 0 4
		O M O F	0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8	0 1 0 2 0 3 0 4	O1 O2 O3	01 02 03 04
		О M О F	01 02 03 04 05 06 07 08	0 1 0 2 0 3 0 4	O1 O2 O3	O 1 O 2 O 3 O 4
1st attempt to con-			mation on deceased		Sid attempt	
	then thank t	he parti	s living outside Asembo/ cipant and stop the inte	rview!!	_) No O DK intm
2.03 Was the int			Caretakermovedaway/can Caretakerrefused Non-resident, came forburi	'tbetraced O	Caretakeris grieving, ca	innotrespond reason
2.04 Names of h Christian name	nead of comp	oound	Other,specify Juok name	Fa	ather's name	○ Unknown
2.05 Village/Cor	npound, Hous	se				bound House
	this may be diffe		s is the address where the child the place where the child died. Juok name	3 4 5 6 7 8 9	O O O 2 O O O O O O O O O O O O O O O O	
2.06 Child's peri	manent ID Th	ne data e	entry clerk will enter the ID	number		
DSS Verbal	Autopsy -neona	tal - versio	on 8	pag	ge 1 of 9	

DSS Verbal Autopsy -neonatal - version 8

23/04/05

2.08 Names of mother Christian name	Juok name	Father's name
2.08a Mother's permanent ID The data	entry clerk will enter the ID numbe	er
2.09 Child's sex		
2.10 Child's date of birth (dd/mm/yyy)		/
2.11 Child's date of death (dd/mm/yyyy)	
2.12 Child's age at death (years/months	s[days])	Years Months [Days]
If child <1 month old, record # days If child is a stillbirth, complete days as If child is a stillbirth, complete section is 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 4 0 0 5 0 0 5 0 0 5 0 0 6 0 0 6 0 0 7 0 0 7 0 0 7 0 0 7 0 0 8 0 8 0 8 0
Section 3. Information about in	nformant and caretakers	
This section refers to the individual i	n section 1 listed as the primar	y informant.
3.1 What class of primary did the inform complete?)1
3.2 What class of secondary did the info	ormant complete?O No	osecondary 0 1 0 2 0 3 0 4 0 5 0 6
3.3 How many years of further study aft complete?		O None O 1 O 2 O 3 O 4 O >4
3.4 Was the biological mother of <nam< th=""><td>E> alive when the child died?</td><td> O Yes O No</td></nam<>	E> alive when the child died?	O Yes O No
3.5 Was the biological father of <name< th=""><td>> alive when the child died?</td><td>Yes O No O Unknown/NA</td></name<>	> alive when the child died?	Yes O No O Unknown/NA
3.6 Where did <name> die?</name>		○ At a health facility ○ On the way to/from a health facility ecify)
Section 4. Accidents and injur	ries	
4.1 Did <name> die from an accident of</name>	or injury?	
4.1.a (If Yes, ask:) What kind of inju	•	 ○ Transportaccident(pedestrian) ○ Fall ○ Drowning ○ Bite or sting ○ Sharp object (e.g. knife) ○ Assault/abuse ○ Other(specify)
Note: If child died of an accident and	was not ill before death, go to	

page 2 of 9

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.

DSS Verbal	Autopsy	-neonatal	- version	8
23/04/05				

Section 6. Questions about children one month of	or younge	r (neonates)	at the time of	death	1
6.1 Was <name> a single or multiple birth?</name>			•		•
6.1a Was <name> a stillbirth?</name>)
6.2 Did <name's> pregnancy end?</name's>					O DK
6.3 Did <name's> mother visit an antenatal clinic during pregn</name's>	ancy of <na< td=""><td>ME>?</td><td> Yes If "No" or "D</td><td></td><td>○ DK > 6.6</td></na<>	ME>?	Yes If "No" or "D		○ DK > 6.6
6.4 Did <name's> mother recive any tetanus vaccination durin</name's>	g the pregna	ncy?	O Yes	s O No	O DK
6.5 Did <name's> mother receive SP/Fansidar for malaria pre-</name's>	vention durin	g the antenatal v	isits?	Yes 🔾 No	O DK
6.6 Where was <name> born? ———— Home O Hospital O Other</name>		attendant'shome	On the way to/from	n health fa	cility
6.7 Who assisted at <name's> delivery? (Mark all that apply)</name's>	○ Do○ O	oone (mother delivered octor/Clincialofficer/N ther women in compo ther (specify)	lurse	mrerwa,tra mrerwa,un	
6.8 Was the late part of the pregnancy, labour or delivery comp	licated?				○ DK
6.8.a. (If Yes, ask:) What complications occurred during late pregnancy, labour or delivery? (Mark all that apply)	O Mothe	s broke more than 1 da rhadconvulsions sive bleeding before o	ay before contractions	_	3 0.0
After respondent finishes, ask "Was there anything else?" Keep asking this prompt until the respondent replies that there were no other complications.	Child dMotheOpera	ged or difficult labour lelivered feet first rill throughout this per tivedelivery(specify)_ specify)			
6.9 What was <name's> size at the time of birth?O Ve</name's>	rysmall 🔘 Sm	nallerthan usual 🔘	Aboutaverage O I	Largertha	nusual
6.10 Were there any bruises or signs of injury on <name's> bo</name's>		0			
,	dy after birth	?	O Yes	○ No	○ DK
6.11 Did <name> have any malformations at birth?</name>	-			○ No	O DK
			Yes	○ No	○ DK 5.12
6.11 Did <name> have any malformations at birth?</name>	Cleft lip		If "No" or "DK" Verysmallhead Verybighead	○ No , go to 6	○ DK 5.12
6.11 Did <name> have any malformations at birth?</name>	Cleft lip Six fingers Other	Missing fingers Shortarms	If "No" or "DK" Verysmallhead Verybighead	○ No , go to 6	○ DK 5.12
6.11 Did <name> have any malformations at birth?</name>	Cleft lip Six fingers Other	○ Missing fingers○ Shortarms	Fig. 1. Yes If "No" or "DK" O Verysmall head O Very big head O Yes O Yes	O No O go to 6 O Miss	ODK 5.12 singear
6.11 Did <name> have any malformations at birth? 6.11.a (If Yes, ask:) What type of deformity? 6.11.b Did <name> die from this deformity? 6.12 Did <name> breathe normally after birth?</name></name></name>	Cleft lip Six fingers Other		Verysmallhead Verybighead Yes Yes	O No O Miss O No O No O No	O DK 1.12 Singear O DK O DK
6.11 Did <name> have any malformations at birth? 6.11.a (If Yes, ask:) What type of deformity? 6.11.b Did <name> die from this deformity? 6.12 Did <name> breathe normally after birth? (Note: This does not include gasps or very brief efforts to breather)</name></name></name>	Cleft lip Six fingers Other		// Yes // If "No" or "DK" // Verysmallhead // Verybighead // Yes // If "No" or "DK"	○ No	 ○ DK ∴ 12 singear ○ DK

3544328818				
6.15 Did <name> cry after birth?</name>		\(\rightarrow\) Yes		○ Di to 6.17
6.16 Did <name> stop being able to cry?</name>			s ○ No - "DK", go	○ Di to 6.17
6.16.a. (If Yes, ask:) How many days after birth did <name> stop crying?</name>		0000	4 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	s O No	O DŁ
6.18 Have redness or drainage from the umbilical cord stump?		Yes	s O No	O Dr
6.19 Have areas of the skin that were red and hot or peeling? (mbaha)		Yes	s O No	O DH
6.20 Have a skin rash with bumps (blisters) containing pus? (del maruodho)		O Yes	s O No	O DŁ
6.21 Body feel cold when touched? (del mang'ich)		O Yes	s O No	O DH
6.22 Bleed from anywhere?		\(\text{Yes}\)		○ Dh to 6.23
6.22.a (If Yes, ask:) From where? (Mark all that apply)		○ Eye ○	Genitals C) Mouth
	○ Nose○ Other_	○ Rectum ○		
6.23 Have any swelling of the abdomen? (ich makuot)		O Yes	s O No	O DŁ
Part 7. Probing for symptoms or causes of death for all child (Reference period is within 1 month of the death)	ren			
7.1 Was <name> growing normally for his age?</name>				O NA
NA refers to neonates	wno alea a	iew aays atter i	OINTN	

During the illness that led to death, did <name> have:</name>			
7.2 A bulging fontanelle? (chuny wiye okuot)		○ No	○ DK
7.3 Fever? (del maore)	○ Yes If "No" or "Don't know		
7.3.a (If Yes, ask:) Did <name> have high fever? (liet)</name>		, 0	
	Days		
	0 1 2 3	4 5 6 7	789

7.3.b. (If Yes to either fever, ask:) How many days did the fever last? 0000000000

6961328814			
7.4 Malaria?		○ No	O DK
7.4.a Did <name> have serious malaria? (midhusi)</name>	<i>If "No" or</i> ⊖ Yes	<i>"DK", g</i> (○ No	0 to 7.5
7.4.b Did <name> have severe malaria? (sambua/talarieya)</name>	Yes	○ No	O Dr
7.5 Any vomiting? (ng'ok)	Yes	○ No	O DK
7.6 Diarrhoea (diep) or more frequent or more liquid stools than usual?		○ No	O D
7.6.a When the diarrhoea was most severe, how many times per day did <name> pass stools? 0 1</name>			
7.6.b. For how many days were the stools more frequent or liquid?	Days 0 1 2 3	4 5 6	7 8 9
7.6.c Was there bloody diarrhoea? (diep mar remo)	O Yes		O O C
7.6.d Was there diarrhoea with pus? (diep mar tutu)	O Yes	○ No	O DI
7.6.e Was there watery diarrhoea? (diep mar pi)	Yes	○ 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 DI
7.6.h During the time <name> was ill with diarrhoea, did he drink ORS?</name>		○ No	O DI
7.7 Have a cough? (ahonda)		○ No "DK", go	○ Di o to 7.8
	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?			
7.8 Have difficult breathing? (kor mathung)	○ Yes If "No" or		O DI
	Days 0 1 2 3		
7.8.a For how many days did <name> have difficult breathing?</name>		000	000
7.9 Have fast breathing? (yueyo matek)		○ No	O DI
	Days 0 1 2 3	456	789

7.9.a For how many days did the fast breathing last?_____

7.10 Have in-drawing of the chest? (Demonstrate) _____ ONO ONO

66	21	32	88	17
~ ~			\sim	_ ,

				_
7.11 Have wheezing? (kore liyo - Demonstrate sound)		_ O Yes	○ No	○ DK
7.12 Have spasms or convulsions? (rierwuok/riere)		_ O Yes	○ No	○ DK
7.13 Was <name> ever at any time unconscious (loch) during the illness that led to death</name>	າ?	_ 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)	 If "N	O Yes Io" or "Dh		○ DK
7.14.a How long before <name> died did he stop being able to grasp? Less that</name>			_	
7.15 Stop being able to respond to a voice? (ok nyal winjo duol)		O Yes Vo" or "DI		○ DK
7.15.a How long before <name> died did he stop being able to respond to a voice?</name>			· ·	
7.16 Stop being able to follow movements with the eyes? (ok nyal luwo gik mokogi wang'e)		○ Vos	○ No	○ DK
monogriwang e/		lo" or "Dh		_
7.16.a How long before <name> died did he stop being able to follow movements with the eyes? C Less that</name>	an 12 hours	○ 12 hou	ırs or more	O DK
7.17 Have a stiff neck? (ng'ut motal - Demonstrate)		O Yes	○ No	O DK
7.18 During the month before <name> died, did he have a skin rash? (del moruodho)</name>		_ ₋ ⊜ Yes No" or "Di	○ No K", go to	○ DK 7.19
7.18.a Was the rash all over <name's> body? (del maluro)</name's>			•	○ DK
7.18.b Was the rash also on <name's> face? (wang' maluro).</name's>	Day:		○ No	○ DK
7.18.c. How many days did the rash last?	· • □	0 1 2 3 0 0 0 0 0 0 0 0	0000	000
7.18.d Did the rash have blisters containing clear fluid? (kuonde moruodho man gi pi)		Yes	○ No	O 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)	If "No" or	-	○ No now", go	○ DK to 7.21
		0 1 2 3	4 5 6	
7.20.a. How many weeks did the swelling last?		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)		O Yes	○ No	○ DK
7.23 Have body swelling and miserable (kwashiorkor) during the month before he died (akuodi del makuot)		. O Yes	○ No	○ DK

DSS Verbal Autopsy -neonatal - version 8 23/04/05

page 7 of 9

3698328818					
7.24 Have wasting and look like an 'old man' (marasmus) during			0.11	0	•
died? (odhero)				○ No ○ No	○ DK
7.26 Have pale palms? (Iwedo marachar)				○ No	O DK
7.27 Have white nails? (kokene rachar)				○ No	O DK
7.28 Have swellings in the armpits? (yuoth mokuot)				○ No	O DK
7.29 Have swellings in the groin? (awang' mach)				○ No	O DK
7.30 Have a whitish rash inside the mouth or on the tongue? (O Yes	○ No	○ DK
Section 8. Treatment					
All questions refer to the child's LAST illness8.1 Was care sought outside the home while <name> had this</name>	o illnooo?	O Voo	O No	○ DK	○ NIA
6.1 Was care sought outside the nome while <naime> had this</naime>	5 IIII 1622 !	O res _ If "No" or			○ NA to 8.2
8.1.a Where or from whom did you seek care? (Mark all that apply) 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.	Traditionalhealer Government/missionhealthco Pharmacy/drugseller Government/missionhospital	enter/clinic	○ R ○ N ○ B	eligiouslea yamrerwa(ushdoctor rivatephysi	ider (TBA)
8.1.b (If answer to 8.1.a is Hospital, ask:) Which hospital(s)? (Mark all that apply)			Provincial	○ Nyav	vara
Clayabistict C raia C Audor		Days			
8.1.c How many nights in total did <name> spend in the ho</name>	ospital(s)?	По	000	4 5 6 7 0000	000
8.2 Was <name> given any herbal remedies at home?</name>		Yes	○ No	○ DK	○ NA
8.3 Did <name> receive any western drugs during the illness?</name>)			○ No go to se	○ DK ection 9
8.3.a (If Yes, ask:) Did <name> receive any anti-malarial di</name>	= =				\bigcirc DK
8.3.b (If Yes, ask:) Which anti-malarial drug did <name> re (Mark all that apply)</name>	eceive ? aquine/camoquine O Choroqu	f "No" or "I	n () Far	nsidar/SP/F	
8.3.c Did <name> receive any drug for fever (del maore) du</name>				○ No	() DK
8.3.d Which drug for fever did <name> receive? (Mark all the</name>		If "No"		go to 8.	
8.4 Did <name> receive any drugs for tuberculosis (kahera) d</name>	during the last illness?	() Yes	○ No (O DK
8.4.a If yes, which drugs for tuberculosis did <name> receiv</name>	ve? (Mark all that apply)	<i>" 1</i> 40	<i>or Di</i> (,	go 10 0.	J
○ Isoniazide ○ Ethambutol ○ Rifater ○ Rifampicine	O Pyrazinamide O Srep	tomycineinj.	Other,	specify _	
8.5 Did <name> receive any drug to treat HIV/AIDS (ayaki) du</name>		(No" or "Dh	_	_	○ DK 9
8.5.a If yes, which drug for HIV did <name> receive? (Mark</name>	all that apply)				
·	oacavir Cotrimoxazole/Septelfinavir Other, specify	rin			
DSS Verbal Autopsy -neonatal - version 8 23/04/05	page 8 of 9				

Section 9. Burial permit

9.1 Was a burial permit issued?			○ No	O DK
9.1.a (If Yes, ask:) Can I see the burial permit? O Yes,avail			_	to 9.2 available
9.1.b What is the serial number on the permit?		0 1 2 3 4 5 6 7		
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-o</name's>		9 ded in	0 0 0 1 2 3 4 5 6 7	
End of interview - Thank the respondent(s) for their co-o	регано			000
Date form checked by VA Village Reporter Supervisor: Signature	/. dd m	nm	/_ 	