



Basse Demographic Surveillance System

Verbal autopsy and contributing factors questionnaire in deaths in Neonates (Age 0-28 days)

Section 1: Identification and Demographic Data of the deceased.

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

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

Q104. Age of deceased _____ (days)

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

EXPLAIN STUDY

Part A: interview details

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

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 DK 9	
QB04	What is her occupation? Specify _____ _____	House wife 1 Farmer 2 Trader 3 Professional 4 Other specify 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 Madrassa 2 Primary 3 Secondary 4 Technical 5 University 6 DK 9	<input type="text"/>
QB06	What is his occupation? Specify _____ _____	Farmer 1 Trader 2 Professional 3 Other 4	<input type="text"/>

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

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

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

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	Date of death (from HRS Data)	____/____/____	
Q302	Where did the death occur? If at health facility, specify _____	Home=1 Health facility=2 During transport=3 Other=4 DK=9	____ <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 DK 9	____
Q303a	Who told you? Doctor=1, Nurse=2, DK=3	—————→	<i>if no, or DK skip to Q305</i> ____
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 DK 9	____
Q307	Had any other children in the compound recently had measles?	Yes 1 No 2 DK 9	____
Q308	Was the mother able to breastfeed the child?	Yes 1 No 2 DK 9	____ <i>If yes or DK skip to Section 4</i>
Q308a	If no, Why not? 1=Mother dead, 2=Mother sick, 3=Other specify _____		____
Q309	How many days before death was the child not breastfed?	(DK= 99)	____

SECTION 4: ACCIDENTS AND INJURIES

Q401 Did s/he die from an injury or accident?

Yes=1, No=2, 9=DK

(If No or DK, go to section 5)

| |

Q401a. 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?

| |

Yes=1

No=2

9=DK ...if yes or DK skip to Section 6

Q401c. For how long after the accident or injury did s/he survive?

Less than 24 hours=1

| | |

More than 24 hours=2, DK=99

Q401d. Did the child receive medical care before death?

Yes=1, No=2, 9=DK

| |

If child died from injury please skip to section 6

SECTION 5: OTHER NEONATAL CONDITIONS

Q501. Was the child a singleton or multiple birth?

| |

(If two or more children are born at the same time, it is counted as a multiple birth, even if one or more of the babies are born dead).

1= Singleton

2= Multiple

Q502. Where was the child born?

| |

1=Home /Traditional birth attendant's

2=Health facility (specify) _____

3=other (specify) _____

Q503. Who managed the delivery when the child was born?

| |

1=Doctor

2=Midwife/nurse

3=Trained traditional birth attendant

4=Untrained traditional birth attendant

5=Other (specify)

Ask to see any antenatal card of the mother to help with answering the following questions

Q503a Did the interviewer see the antenatal card? Yes=1

No=2

| |

Q504. Was the last 12 weeks/3 months of the pregnancy, labour or delivery complicated?

| |

1=Yes

2= No

9 DK (if No or DK, skip to Q505)

Q504a What complications occurred during late pregnancy, labour or delivery? (Record all responses)

| | + | |

1=Mother had convulsions

2=Excessive bleeding before or during delivery

3=Waters broke 1 day or more before contractions started

| | + | |

4=Prolonged or difficult labour (12 hours or more)

5=Child delivered feet first

6=Mother ill throughout this period

7=Operative delivery

8=other (specify) _____

9=DK

Q504b. (After respondent finishes prompt): Was there anything else?

(Keep using this prompt until the respondent replies that there were no other complications.)

- Q505. **How many months long was the pregnancy?** 99=DK |_|_|
- Q506. **Did the child's mother receive any tetanus vaccinations since reaching adulthood before this pregnancy?**
1=Yes 2.=No 9=DK |_|
- Q506a. **If yes how many doses?** 99=DK |_|_|
- Q507. **Did the child's mother receive any tetanus vaccinations during the pregnancy?** |_|
1=Yes 2=No 3=DK
- Q507a. **If yes how many doses?** 99=DK |_|_|
- Q508. **Were there any bruises or signs of injury on child's body at the time of birth?** |_|
1=Yes 2=No 9=DK
- Q509. **Did the child have any malformations at birth?** 1=Yes 2=No 9=DK |_|
- Q509a. **(if yes, briefly describe)** _____
- Q510. **At the time of birth was the child:(Read out choices)** |_|
1=Very small 2=Smaller than average
3=About average 4=Larger than average 9=DK
- Q511. **Was the child able to breathe normally after birth?** |_|
(Note: This does not include gasps or very brief efforts to breathe)
1=Yes 2=No 9=DK
- Q512. **Was the child able to suck normally at birth?** 1=Yes 2=No 9=DK |_|
(if "No" or "DK", go to Q514)
- Q513. **Did the child stop being able to suck in a normal way?** 1=Yes 2=No 9=DK |_|
- Q513a. **If yes, ask How long (days) after birth did the child stop sucking?** DK=99 |_|_|
- Q514. **Was s/he able to cry at birth** 1=Yes 2=No 9=DK |_|
(If No or DK, go to question Q516)
- Q515. **Did s/he stop being able to cry?** 1=Yes 2.=No 9=DK |_|
- Q515a. **(If yes ask): How long (days) after birth did the child stop crying?...DK=99.....** |_|_|
- Q516. **During the illness that led to death did s/he have spasms or convulsions?** Yes=1, No=2, DK=9..... |_|
- Q517. **During the illness that led to death, did s/he become unresponsive or unconscious?**
Yes=1, No=2, DK=9..... |_|
- Q518. **During the illness that led to death, did s/he have a bulging fontanelle?** Yes=1, No=2, DK=9..... |_|
- Q519. **During the illness that led to death, did s/he have yellow eyes or skin?** Yes=1, No=2, DK=9..... |_|
- Q520. **During the illness that led to death, did s/he have redness around, or drainage from, the umbilical cord stump?** Yes=1, No=2, DK=9 |_|
- Q521. **During the illness that led to death, did s/he have areas of skin that were red, hot or peeling?**
Yes=1, No=2, DK=9..... |_|
- Q522. **During the illness that led to death, did s/he have a skin rash with blisters containing pus?**
Yes=1, No=2, DK=9..... |_|

- Q523. **During the illness that led to death, did s/he have a fever?** Yes=1, No=2, DK=9.....|____|
If No or DK skip to Q524
- Q523a. How many days did the fever last? 99= DK|____|
- Q524. **During the illness that led to death, did the child's body feel cold when touched?**
Yes=1, No=2, DK=9.....|____|
- Q525. **During the illness that led to death, did s/he bleed from anywhere?**
Yes=1, No=2, DK=9.....|____|
If No or DK skip to Q526
- Q525a. From where?.....
- Q526. **During the illness that led to death, did s/he have any vomiting or swelling of the abdomen?** |____|
1=Yes 2=No 9=DK
- Q527. **During the illness that led to death, did s/he have diarrhoea (more frequent or more liquid stools than usual)?** 1=Yes 2=No, 9=DK
If No or DK skip to Q528 |____|
- Q527a. For how many days were the stools more frequent or liquid?.....DK=99 |____|
- Q527b. On the day when the diarrhoea was most frequent, how many times did he/she pass stools per day |____|
DK=99
- Q527c. During the diarrhoeal episode, was the child given any fluids such as ORS? |____|
1=Yes 2=No 9=DK
- Q528. **Was there visible blood in the stools?** 1=Yes 2=No 9=DK...|____|
- Q529. **During the illness that led to death, did s/he have any difficulty with breathing?** |____|
1=Yes 2=No 9=DK (If "No" or "DK", go to Q530)
- Q529a. For how many days did the difficulty with breathing last? DK=99 |____|
- Q530. **During the illness that led to death, did the child have fast breathing?** |____|
1=Yes 2=No 9=DK If no or DK skip to Q531
- Q530a. For how many days did the fast breathing last? 99=DK |____|
- Q531. **During the illness that led to death, did s/he have indrawing of chest?** 1. Yes, 2. No, 9. DK|____|
- Q532. **During the illness that led to death, did the child have a cough?** |____|
1=Yes 2=No 9=DK
If no or DK skip to Q533
- Q532a. For how many days did the cough last? 99=DK |____|
- Q533. **During the illness that led to death, did the child ever have short periods of stopping and re-starting breathing?** 1=Yes 2=No 9=DK |____|

Section 6: Health seeking behaviour & records
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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>) If no, skip to Q602	Yes 1 No 2 DK 9	<input type="text"/>
Q601a	If yes, was it Doctor=1, Nurse=2, Traditional healer=3, relative=4 DK=9 Other specify _____	→	<input type="text"/> <input type="text"/> <input type="text"/>
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 DK 9	<input type="text"/>
Q605	Was the child vaccinated?	Yes 1 No 2 DK 9	<input type="text"/>
Q606	Is the child's health card still available? <i>If yes, ask permission for photocopying</i>	Yes 1 No 2 DK 9	<input type="text"/>
Q607	Do you give permission for MRC to examine any health records pertaining to the child?	Yes 1 No 2 DK 9	<input type="text"/>

Q608. Was a death certificate issued? 1=Yes 2=No 9=DK
If no or DK go to Q615

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

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 _____

Any additional notes or comments not included in the survey:

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Q615	Reliability of interview	Good 1 Indifferent 2 Bad 3	<u> </u>
Q616	Is there anyone else who should be interviewed?	Yes 1 No 2	<u> </u>
	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 _____

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