

FORM 3c:

SOCIAL AUTOPSY FORM

Instructions

1. To be filled for all verbal autopsies conducted and attach with the same
2. Write in capital letters
3. Circle the appropriate response (or) place a √ (tick) wherever applicable
4. Attach a copy of the case records to this form.

MCTS number _____

Section A: Background Information		
1	Name of key Informant	
2	Relation of key informant to deceased	
3	Place of death of child	
4	Telephone/Mobile Number	
5	Total Number of family members of deceased	
6	Number of children < 5 years	
7	Caste	
8	Do you have Below Poverty Line (BPL) card:	Yes/No
9	What are the Key family Assets: (Multiple answers allowed. tick all that apply)	<div>1) Vehicle (motorised) <input type="checkbox"/></div> <div>2) Television <input type="checkbox"/></div> <div>3) Own House <input type="checkbox"/></div> <div>4) Own Land <input type="checkbox"/></div> <div>5) Cattles <input type="checkbox"/></div> <div>6) Telephone <input type="checkbox"/></div>

Section B: Treatment Seeking History			
10.1 Did ASHA/AWW/VHN/ANM advice on hospital treatment?			
a. Yes <input type="checkbox"/>	b. No <input type="checkbox"/> (go to Q 11)	c. DNK <input type="checkbox"/> (go to Q 11)	
10.2 If Yes, who advised	<div>i. ASHA <input type="checkbox"/></div> <div>ii. ANM <input type="checkbox"/></div> <div>iii. Link worker <input type="checkbox"/></div> <div>iv. Other specify..... <input type="checkbox"/></div>		
11 During the illness that led to the death, did you seek care outside the home for the infant?	1) Yes (Go to Q13)	2) No	3) DNK
12. If "NO", then ASK "What were the reasons for not seeking care?"			
12.1 Did not think that the illness was serious	1) Yes	2) No	3) DNK
12.2 Money not available for treatment	1) Yes	2) No	3) DNK
12.3 Family members were not able to accompany	1) Yes	2) No	3) DNK

12.4	Bad weather	1) Yes	2) No	3) DNK
12.5	Did not know where to take the infant	1) Yes	2) No	3) DNK
12.6	No hope for survival of the infant	1) Yes	2) No	3) DNK
12.7	Transport not available	1) Yes	2) No	3) DNK
12.8	Others (specify)			
(go to section C)				
13.	What was the condition of the infant at the time when it was decided for medical consultation? (Tick if any of the condition mentioned in the options is present)	a. Alert/Active/feeding <input type="checkbox"/>		
		b. Conscious but Drowsy/Inactive/Unable to feed <input type="checkbox"/>		
		c. Unconscious <input type="checkbox"/>		
14	From where or from whom did you seek care?			
14.1	Quack/informal service providers	1) Yes	2) No	3)DNK
14.2	Traditional healer/Religious healer	1) Yes	2) No	3)DNK
14.3	Sub centre	1) Yes	2) No	3)DNK
14.4	PHC	1) Yes	2) No	3)DNK
14.5	CHC	1) Yes	2) No	3)DNK
14.6	Sub-district hospital	1) Yes	2) No	3)DNK
14.7	District (Govt.) Hospital	1) Yes	2) No	3)DNK
14.8	Private allopathic doctor	1) Yes	2) No	3) DNK
14.9	Doctors in alternate system of medicine	1) Yes	2) No	3) DNK
14.10	Reason for seeking care from there: _____			

15 Problems faced by the parents in getting treatment in the health facility: Now I will ask you questions related to problems you might have faced in getting the treatment from various health facilities.

	Details	First Health Facility	Referral Institution I	Referral Institution II	Referral Institution III
15.1	Specify in which hospital you took the baby first and then where was the baby taken thereafter? Govt. _____ 1 Private _____ 2 Not for profit _____ 3				
15.2	Specify the problem/ complication with which baby was taken to this facility.				
15.3	Total time taken from the onset of the problem to reach this facility (from home to the facility)	..... Hours	..... Hours	..... Hours	..... Hours
15.4	Type of treatment received in the institution/hospital				
	NIL				
	First Aid				
	Others (Specify)..				

15.5	Specify the reasons for referring to another institution				
	Lack of Specialists				
	Lack of Equipments				
	Others (Specify)				
15.6	Mode of transport from one institution to other				
15.7	Distance from one facility to other (in kms)	..... Kms	..... Kms	..... Kms	..... Kms
15.8	If baby was taken to any institution other than the one referred, state the reasons				
15.9	If baby was taken to any institution other than the one referred, who advised (eg; caregivers, relatives etc.)				
15.10	Was the child attended immediately Yes _____ 1 No _____ 2				
15.11	If yes, time taken to initiate treatment in the institution on reaching the hospital	.....Mins	.....Mins	.....Mins	.....Mins
15.12	Reasons for the delay in initiating treatment (Use your judgment in arriving the reasons)				
a.	Doctor not available				
b.	Paramedical workers not available				
c.	Too much patient rush				
d.	Informal payment				
e.	Mobilizing specialists				
f.	Could not afford to pay for the services				
g.	Investigations could not be done				
h.	Other problem (specify)				

16.1 If the baby was shown as having been discharged against medical advice/ absconded, record the reasons for the same.

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16.2 Was the discharge due to the dissatisfaction of the treatment given in the hospital? Yes ☐ No ☐ DNK ☐

16.3 What was the states of child at the timed of LAMA/ Discharge.

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Section C: Brief Social History of the family

- 17.1 Any history of alcoholism in family Yes ☐ No ☐ DNK ☐
- 17.2 Any history of smoking in family Yes ☐ No ☐ DNK ☐
- 17.3 Any history of domestic violence in family Yes ☐ No ☐ DNK ☐

18. Awareness of mother & family members about treatment Seeking

18.1	Do you know the danger signs when a newborn or infant should be taken to health facility?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/> (go to Q18.3)
18.2 If yes, what will be the conditions (don't read the options)			
a. Pre-term <input type="checkbox"/>	b. LBW <input type="checkbox"/>	c. No cry at birth <input type="checkbox"/>	
d. Fits <input type="checkbox"/>	e. Difficult breathing <input type="checkbox"/>	f. Drowsiness/inactivity/unconsciousness <input type="checkbox"/>	
g. Jaundice <input type="checkbox"/>	h. Diarrhoea <input type="checkbox"/>	i. Refusal to feed <input type="checkbox"/>	
j. Fast Breathing <input type="checkbox"/>	k. High grade fever <input type="checkbox"/>		
18.3	Do you know about any hospital where newborns/infants/children can be admitted and treated?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/> (go to Q19)
18.4 If yes, then please name these facilities			

Section D: Expenditure History

19 Can you tell us regarding the total amount that you had to spend on your child?

- a. Total amount = Rs.....
- b. Treatment (medicines, consultation, home treatment etc.).....
- c. Transport..... 3. Others.....

20 How did you (the family) arrange this money?	1. Available/Savings <input type="checkbox"/>
Multiple answers allowed. Tick all that apply	2. Borrowed <input type="checkbox"/>
	3. Sold assets <input type="checkbox"/>
	4. Community fund <input type="checkbox"/>
	5. Govt. scheme <input type="checkbox"/>
	6. Other <input type="checkbox"/>
	7. Don't know <input type="checkbox"/>