FORM 3a:
VERBAL AUTOPSY FORM: NEONATAL DEATHS

Instructions

1. NOTE: This form must be completed for all neonatal deaths (0-28 days).

2. Write in capital letters

3. Circle the appropriate response (or) place a √ (tick) wherever applicable

District: ..... **Block:** ..... **Village:** .....

PHC: ..... **Sub-Centre:** .....

MCTS Number: ..... **Date:** ...../...../.....

Name of Head of the Household:

Full name of the deceased:

Name of mother of deceased:

Section A: Details for Respondent and Deceased

Details of the Respondent:

1. Name of the respondent

2. Relationship of the respondent with the deceased:

a. Brother/Sister ☐ b. Mother/Father ☐ c. Neighbour/No relation ☐

d. Grandfather/Grandmother ☐ e. Other relative ☐

3. Did the respondent live with the deceased during the events that led to death?

a. Yes ☐ b. No ☐

4. What is the highest standard of education the respondent has completed?

a. Illiterate and literate with no formal education: ☐

b. Literate, Primary or below ☐ c. Literate, Middle ☐ d. Literate, Matric (Class-X) ☐

e. Literate, Class XII ☐ f. Graduate & above ☐

5. Category: a. SC/ST ☐ b. OBC ☐ c. General ☐

6. Religion of the head of the household

a. Hindu ☐ b. Muslim ☐ c. Christian ☐ d. Sikh ☐

e. Buddhist ☐ f. Jain ☐ g. No religion ☐ h. Others, Specify..... ☐

Details of deceased

7. Deceased's Sex: a. Male ☐ b. Female ☐

8. Age in completed days: a. Less than 1 day ☐ b. 01-28 days ☐

9. Date of birth: D D / M M / Y Y Y Y

10. Date of death: D D / M M / Y Y Y Y

11A House address of the deceased:

11B PIN:

12.	Place of death:						
a. Home ☐	b. On way to health facility/in transit ☐	c. Sub Center ☐					
d. PHC/CHC/Rural Hospital ☐	e. District Hospital ☐	f. Medical College ☐					
g. Private Hospital ☐	h. Other, Specify..... ☐	i. DNK ☐					
Section B: Neonatal Death							
13A.	Did the child met with an accident						
a.	Yes ☐	b.	No ☐ **(if No, go to Q 14A)**				
13B.	If yes, what kind of injury or accident?						
a.	Road traffic injury ☐	b.	Falls ☐	c.	Fall of objects ☐		
d.	Burns ☐	e.	Drowning ☐	f.	Poisoning ☐		
g.	Bite/sting ☐	h.	Natural disaster ☐	i.	Homicide/assault ☐		
x.	Other, Specify _____ ☐						
13C.	Do you think the child died from an injury or accident						
a.	Yes ☐ **(if Yes, go to Section C)**	b.	No ☐	c.	DNK ☐		
Details of pregnancy and delivery:							
14A	How many months long was the pregnancy? ☐ (in completed months)						
14B	Mother's age: D D / M M / Y Y Y Y						
15	Did the mother receive 2 doses of tetanus toxoid during pregnancy?						
a.	Yes ☐	b.	No ☐	c.	DNK ☐		
16A	Were there any complications during the pregnancy, or during labour?						
a.	Yes ☐	b.	No ☐ **(go to Q 17)**	c.	DNK ☐ **(go to Q17)**		
16B	If yes, what complication(s) occurred? **(Check all that apply)**						
a. Mother had fits ☐							
b. Excessive (more than normal) bleeding before/during delivery ☐							
c. Water broke one or more days before contractions started ☐							
d. Prolonged/difficult labour (12 hours or more) ☐							
e. Operative delivery (C - Section) ☐							
f. Mother had fever ☐							
g. Baby had cord around neck ☐							
h. Instrumental Delivery/Assisted ☐							
i. DNK ☐							
17.	Was the child a single or multiple birth?						
a.	Single ☐	b.	Multiple ☐	c.	DNK ☐		
18.	Where was s/he born?						
a. Home ☐	b. On way to health facility/in transit ☐	c. Sub Center ☐					
d. PHC/CHC/Rural Hospital ☐	e. District Hospital ☐	f. Medical College ☐					
g. Private Hospital ☐	h. Other, Specify..... ☐	i. DNK ☐					

19.	Who attended the delivery?				
a. Untrained traditional birth attendant ☐		b. Trained traditional birth attendant ☐			
c. ANM/Nurse ☐		d. Allopathic Doctor ☐		e. Other, Specify..... ☐	
f. None ☐		g. DNK ☐			
20.	Was a disinfected or new knife/blade used to cut the umbilical cord?				
a.	Yes ☐	b.	No ☐	c.	DNK ☐
21.	Was it a live/still birth:	a.	Live birth ☐	c.	Still birth ☐ **(go to Section C)**
Details of baby after birth					
22.	Did the baby ever cry, move or breath?				
a.	Yes ☐	b.	No ☐	c.	DNK ☐
23.	Were there any bruises or signs of injury on child's body after the birth?				
a.	Yes ☐	b.	No ☐	c.	DNK ☐
24A.	Did baby had any visible malformations at birth?				
a.	Yes ☐	b.	No ☐	c.	DNK ☐
24B.	Compared to other children in your area, what was the child's size at birth?				
a.	Very small ☐	b.	Smaller than average ☐	c.	Average ☐
d.	Larger than average ☐	e.	DNK ☐		
24C.	What was the birth weight?				
a.	Kgs ☐☐.☐☐	b.	DNK ☐		
25A.	Did baby stop crying after some time? (Denoting any illness)				
a.	Yes ☐	b.	No ☐ **(go to Q 26A)**	c.	DNK ☐ **(go to Q 26A)**
25B.	If yes, how many days after birth did baby stop crying?				
a.	≤ 1 day ☐	b.	☐☐ days		
26A.	When was baby first breastfed?				
a.	Immediately/within one hour of birth ☐	b.	Same day child was born ☐		
c.	Second day or later ☐	d.	Never breastfed ☐ **(go to Q 27A)**		
e.	DNK ☐				
26B.	Was baby able to suckle normally during the first day of life?				
a.	Yes ☐	b.	No ☐ **(go to Q 27A)**	c.	DNK ☐ **(go to Q 27A)**
26C.	If yes, did baby stop being able to suck in a normal way?				
a.	Yes ☐	b.	No ☐ **(go to Q 27A)**	c.	DNK ☐ **(go to Q 27A)**
26D.	If yes, how many days after birth did baby stop sucking?				
a.	≤ 1 day ☐	b.	☐☐ days		
27A.	Was the baby ever given anything to drink other than breast milk?				
a.	Yes ☐	b.	No ☐ **(go to Q 28A)**	c.	DNK ☐ **(go to Q 28A)**
27B.	If yes what was given (specify) _____				
a. Frequency ☐☐ per day		b. DNK ☐			

Details of sickness at the time of death						
28A.	Did baby have fever?					
a.	Yes ☐	b.	No ☐ **(go to Q 29A)**	c.	DNK ☐ **(go to Q 29A)**	
28B.	If yes, how many days did the fever last?					
a.	≤ 1 day ☐	b.	☐☐ days			
29A.	Did baby have any difficulty in breathing?					
a.	Yes ☐	b.	No ☐ **(go to Q 30A)**	c.	DNK ☐ **(go to Q 30A)**	
29B.	If yes, for how many days did the difficulty with breathing last?					
a.	≤ 1 day ☐	b.	☐☐ days			
30A.	Did baby have fast breathing?					
a.	Yes ☐	b.	No ☐ **(go to Q 31A)**	c.	DNK ☐ **(go to Q 31A)**	
30B.	If yes, for how many days did the fast breathing last?					
a.	≤ 1 day ☐	b.	☐☐ days			
31.	Did baby have in-drawing of the chest?					
a.	Yes ☐	b.	No ☐	c.	DNK ☐	
32A.	Did baby have a cough?					
a.	Yes ☐	b.	No ☐	c.	DNK ☐	
32B.	Did baby have grunting (demonstrate)?					
a.	Yes ☐	b.	No ☐	c.	DNK ☐	
32C.	Did baby's nostrils flare with breathing?					
a.	Yes ☐	b.	No ☐	c.	DNK ☐	
33A.	Did baby have diarrhoea (frequent liquid stools)?					
a.	Yes ☐	b.	No ☐ **(go to Q 34A)**	c.	DNK ☐ **(go to Q 34A)**	
33B.	If yes, for how many days were the stools frequent or liquid?					
a.	≤ 1 day ☐	b.	☐☐ days			
34A.	Did baby vomit?					
a.	Yes ☐	b.	No ☐ **(go to Q 35A)**	c.	DNK ☐ **(go to Q 35A)**	
34B.	If yes, for how many days did baby vomit?					
a.	≤ 1 day ☐	b.	☐☐ days			
35A.	Did baby have redness around, or discharge from, the umbilical cord stump?					
a.	Yes ☐	b.	No ☐	c.	DNK ☐	
36.	Did baby have yellow eyes or skin?					
a.	Yes ☐	b.	No ☐	c.	DNK ☐	
37.	Did baby have spasms or fits (convulsions)?					
a.	Yes ☐	b.	No ☐	c.	DNK ☐	
38.	Did baby become unresponsive or unconscious?					
a.	Yes ☐	b.	No ☐	c.	DNK ☐	
39.	Did baby have a bulging fontanelle (describe)?					
a.	Yes ☐	b.	No ☐	c.	DNK ☐	
40.	Did the child's body feel cold when touched?					
a.	Yes ☐	b.	No ☐	c.	DNK ☐	
41.	Were the child's hands, legs or lips discoloured (blue, other colour)?					
a.	Yes ☐	b.	No ☐	c.	DNK ☐	

42.	Did s/he have yellow Palms/soles?						
a.	Yes	☐	b.	No	☐	c.	DNK ☐
43.	Was there blood in the stools?						
a.	Yes	☐	b.	No	☐	c.	DNK ☐

Section C: Written narrative in local language

44.	Please describe the symptoms in order of appearance, doctor consulted or hospitalization, history of similar episodes, enter the results from reports of the investigations if available. (use additional sheets if required)

45.	What did the respondent think the newborn died of? (Allow the respondent to tell the illness in his or her own words)

Interviewer's Signature: ..... Interviewer Name: ..... Designation: ..... Date: ...../...../.....	Signature/Left thumb Impression of respondent

Assigned cause of death*

Assigned at district level
DNO will have to communicate the assigned cause of death to respective block