Child's Identification Number ___ ___ /___ ___ /___ ___ ___ /___ ___ ___ ___ ___ ___ /___ ___
S T / D S / B L K / V I L L A G E / H H

INFANT AND CHILD DEATH AUDIT
VERBAL AUTOPSY QUESTIONNAIRE

Instructions to interviewers: Use this format for all Child deaths.

Section 1: Available background information (supervisor to complete before the interview)

1.1	Name of deceased child		
1.2	Sex of the child	1. Male 2. Female	☐
1.3	When was the Deceased born ?	___ ___ / ___ ___ / ___ ___ ___ ___ (D D / M M / Y Y Y Y)	
1.4	Address of child's usual residence	_____ / _____ / _____ / _____ (village / block / district / state)	
1.5	Where was child during his / her fatal illness?	1. own home 2. Relatives home 3. formal health facility 4. Other *(specify* _____*)* 8. Don't know	☐
1.6	What is the address of this place (where child stayed during his/her fatal illness)? *This is the basis of the child's identification #*	_____ / _____ / _____ / _____ (village / block / district / state)	
1.7	Name & Relationship of head of household of this place (where child stayed during his/ her fatal illness)	1. Father 2. Grand Father 3. Relative's House 4. Other *(specify* _____*)* 8. Don't know	☐
1.8	Date of child's death	___ ___ / ___ ___ / ___ ___ ___ ___ (D D / M M / Y Y Y Y)	
1.9	Age at Childs Death		
1.10	Date of death notification	___ ___ / ___ ___ / ___ ___ ___ ___ (D D / M M / Y Y Y Y)	
1.11	Key informant's name	1. ANM 2. AWW 3. ASHA 4. MO PHC 5. Other *(specify* _____*)* 8. Don't know	☐

Section 2: Information about the interviewer

2.1	Interviewer's name		2.2	Interviewer's designation	
2.3	Date of first interview	___ ___ / ___ ___ / ___ ___ ___ ___ (D D / M M / Y Y Y Y)	2.4	Date of last interview	___ ___ / ___ ___ / ___ ___ ___ ___ (D D / M M / Y Y Y Y)

Section 3: Background information from respondents

Respondents	Relationship to the deceased child (mother, father, uncle, aunty, grand mother/ father, specify other)	Were you with the child during the illness?	Were you with child when she/ he died?
3.1			

3.2			
3.3			
3.4	Age of child at the time of death?	1. 0 - 2 months 2. > 2 months - 5 years 8. don't know	☐ ***If 1 Skip Section 6*** ***If 2 or 8 Skip Section 5***
3.5	Where did the child die?	1. Home 2. Medical College Hospital 3. District / Sub Dist. Hospital 4. PHC, RH 5. In formal Place 6. Pvt. Hospital/ Clinic 7. Other (specify)…….. 8. Don't know	☐

Section 4: Information about the family *Read:* Now I would like to ask some questions about Childs family.

4.1	How many years of school did child's mother complete?		___ ___ Years (<1=00; DK=88)
4.2	How many years of school did child's father complete?		___ ___ Years (<1=00; DK=88)
4.3	Is the marriage between the parents consaignous	1. Yes 2. No 8. Don't know	☐
4.4	Occupations of Mother ? (Read out)	1. House wife 2. employed 3. laborer 4. unemployed 5. working in own land 6. others (specify)…… 8. Don't know	☐
4.5	Occupations of Father? (Read out)	1. employed 2. laborer 3. unemployed 4. working in own land 5. others (specify)…… 8. Don't know	☐
4.6	What is the family's religion?	1. Hindu 2. Muslim 3. Christian 4. Other 8. Don't know	☐
4.7	What is the family's caste?	1. SC 2. ST 3. Other 8. Don't know	☐
4.8	Does the family have its own toilet?	1. Yes 2. No 8. Don't know	☐
4.9	Does the house has electricity?	1. Yes 2. No 8. Don't know	☐
4.10	Does the family have a BPL card?	1. Yes 2. No 8. Don't know	☐
4.11	Do you know about the benefits of the BPL card?	1. Yes 2. No 8. Don't know	☐ ***If 2 or 8 go to Section 5***

4.11.1	Please tell me the benefits of the card. *Prompt:* Is there anything else? *[Multiple answers allowed. Check all choices that the respondent mentions]*	1. Subsidized ration ..... 2. Kerosene oil..... 3. Housing ..... 4. Health care ..... 5. Referral transport..... 6. Other	1. □ 2. □ 3. □ 4. □ 5. □ 6. □

Section 5: For children 0 - 2 months

***Read out** : I would like to ask you some questions concerning the mother and symptoms that the deceased had/showed at birth and shortly after. Some of these questions may not appear to be directly related to the baby's death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the deceased had.*

Pregnancy History :

5.1	What was the age of mother at the time the baby died?		___ ___ years (DK=88)
5.2	How is the mothers health now?	1. Healthy 2. ill 3. Not alive 8. Don't know	☐ ***If 2 or 8 go to Q. 5.3***
5.2.1	If ill or not alive write in details about the mothers condition?		
5.3	Did mother take any medications during pregnancy? (excluding IFA Tablets & TT inj.)	1. Yes 2. No 8. Don't know	☐
5.3.1	If yes, specify		_____ (Specify)
5.3.2	Dose mother have habit of smoking, drinking alcohal or tobacco chewing?	1. Smoking 2. Alcohal 3. Tobacco chewing 4. others(specify)……	Yes / No / DK 1. □ / 1. □ / 1. □ 2. □ / 2. □ / 2. □ 3. □ / 3. □ / 3. □ 4.(_____)
5.4	How many births, including stillbirths, did the mother have before this baby?		___ ___ (DK=88)
5.4.1	How many live births mother had before this baby		___ ___ (DK=88)
5.4.2	Did any babies die before the current baby	1. Yes 2. No 8. Don't know	☐ ***If 2 or 8 go to Q. 5.4.3***
5.4.2 a	If yes, specify the reasons for deaths		_____ (Specify)
5.4.3	What is birth order of the baby		___ ___ (DK=88)
5.4.3 a	If 2 or More spacing between the previous pregnancy and the pregnancy with current baby		___ ___ months (DK=88)
5.5	How many months did the current pregnancy last?		___ ___ weeks
5.6	Was she ever told by a doctor or nurse that she had any of the following illnesses during pregnancy ? *[Read the problems list slowly and check "Yes," "No" or "Don't know" for each.]* *Ask for records for Hb gm % (R-15 Register)*	1. Anemia ..... 2. Heart disease..... 3. Diabetes ..... 4. Cancer ..... 5. Hypertension (High blood pressers)..... 6. Tuberculosis ..... 7. Epilepsy/ convulsion..... 8. Other.....	Yes / No / DK 1. □ / 1. □ / 1. □ 2. □ / 2. □ / 2. □ 3. □ / 3. □ / 3. □ 4. □ / 4. □ / 4. □ 5. □ / 5. □ / 5. □ 6. □ / 6. □ / 6. □ 7. □ / 7. □ / 7. □ 8. □ / 8. □ / 8. □

		(specify other).....	(_____)
5.7	During the last3 months of pregnancy, did the mother suffer from any of the following illnesses? *[Read the problems list slowly and check "Yes," "No" or "Don't know" for each.]*	1. Vaginal bleeding…… 2. Smelly vaginal discharge …. 3. Puffy face ……..….. 4. Headache……. 5. Blurred vision..……..…… 6. convulsion…….…… 7. Febrile illness/ fever……. 8. Severe abdominal pain that was not labor pain……. 9. Pallor and shortness of breath (both present)……. 10. Other (Specify)	Yes / No / DK 1. □ 1. □ 1. □ 2. □ 2. □ 2. □ 3. □ 3. □ 3. □ 4. □ 4. □ 4. □ 5. □ 5. □ 5. □ 6. □ 6. □ 6. □ 7. □ 7. □ 7. □ 8. □ 8. □ 8. □ 9. □ 9. □ 9. □ 10. □ 10. □ 10. □ (_____)
5.8	Was the child a single or multiple birth?	1. Singleton 2. Twin 3. triplet or more 8. Don't know	□ ***If 1, go to Q. 5.9***
5.8.1	If multiple births, what was the birth order of the child that died?	1. First 2. Second 3. third or higher 8. Don't know	□
5.9	Did mother seek any antenatal care for the pregnancy from an ANM, nurse or qualified doctor?	1. Yes 2. No 8. Don't know	□ ***If 2, 8 go to Q. 5.9.2***
5.9.1	*If yes, ask:* How many times did she receive antenatal care from an ANM, nurse or qualified doctor?	1. < 3 times 2. 3- 5 times 3. > 5 times	___ ___ *(DK = 88)*
5.9.2	what was the weight gain during pregenacy *(Refer R-15 Register or Other records)*	1. < 9 kgs 2. 9-11 kgs 3. > 11 kgs 8. Don't Know	□
5.10	Whether mother experienced any fetal movements ? (>= 20 weeks of pregnancy)	1. Yes 2. No 8. Don't know	□ ***If 2, 8 go to Q. 5.11***
5.10.1	If yes ask: Since when did she experienced fetal movements? (Please specify in weeks)		___ ___ weeks *(DK = 88)*
5.11	How many IFA tablets mother Consumed?	1. Less than100 tablets 2. 100 tablets 8. Don't know	□
5.12	Did mother receive TT injection during pregnancy	1. Yes 2. No 8. Don't know	□
5.12.1	If yes, specify		
Delivery History :			
5.13	How long did labor last?	1. Less than 12hours 2. More than 12hours 8. Don't know	□
5.14	Did mother have fever during labor or immediately after delivery?	1. Yes, 2. No 8. Don't know	□

5.15	Was her liquor (amniotic fluid) foul smelling?	1. Yes, 2. No 8. Don't know	☐
5.16	Was liquor green colored ?	1. Yes, 2. No 8. Don't know	☐
5.17	How many hours after the leak was baby born?	1. Less than 12 hours 2. 12 hours or more 8. Don't know	☐ ***If 1 go to Q. 5.18***
5.17.1	If 2 or 8 then ask: Any medication given to mother for leak ?	1. Yes, 2. No 8. Don't know	☐
5.17.2	If yes specify	(Specify)	
5.18	Who attended the delivery/ labor? *[Record the highest level provider mentioned.]*	1. Obstetrician 2. General doctor 3. Nurse 4. ANM 5. Trained Dai 6. Relative/friend 7. Herself 8. Don't know 9. Quack 10.Other (Specify) …….....	☐
5.18.1	Where was the delivery conducted	1. Home 2. Govt. Hospital 3. Private Hospital 4. Others (specify)……. 8. Don't know	☐
5.19	How was the (baby delivered/ delivery attempted)? .	1. Spontaneous vaginal (no drugs) 2. Mechanically induced (forceful external pushing) 3. Induced with drugs 4. Forceps 5. Caesarean section 8. Don't know	☐
5.20	Which part of the baby came out first?	1. Head 2. Buttocks/Feet 3. Hand 4. umbilical cord 8. Don't know	☐
5.21	Was there excess bleeding on the day labor started?	1. Yes, 2. No 8. Don't know	☐
Condition Of The Baby Soon After Birth:			
5.22	At birth what was the size of the baby?	1. Smaller Than Normal 2. Normal 3. Larger Than Normal 8. Don't know	☐
5.23	What was the birth weight of the baby? (In first seven days)	1. >2500gms. 2. < 2500 – 2000gms. 3. <2000-1500gms. 4. <1500gms. 8. Don't know	☐
5.24	Was the baby premature? (Less than 37 weeks)	1. Yes, 2. No 8. Don't know	☐

			If 1 go to Q. 5.25
5.24.1	If yes , Write weeks of pregnancy	1. < 28 weeks 2. 28 – 32 weeks 3. > 32 – 37 weeks 8. Don't know	☐
5.25	What was the color of the baby at birth?	1. Normal 2. Pale/ Yellow 3. Blue 8. Don't know	☐
5.26	Did the baby cry after birth, even a little?	1. Yes, 2. No 8. Don't know	☐
5.27	Was the baby given assistance to breathe?	1. Yes, 2. No 8. Don't know	☐
5.28	Did the baby ever move hands & legs even a little?	1. Yes, 2. No 8. Don't know	☐
5.29	If the baby did not cry, breathe or move, was it born dead (STILL BORN)?	1. Yes, 2. No 8. Don't know	☐ ***If 1, stop the interview***
5.30	Were there any signs of injury or broken bones?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.31***
5.30.1	Where were the marks or signs of injury?	_____ (Specify)	
5.31	Was there any sign of paralysis?	1. Yes, 2. No 8. Don't know	☐
5.32	Did the baby have any malformation?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.33***
5.32.1	What kind of malformation did the baby have? *(Read out)*	1. Swelling/Defect on the back 2. Very Large Head 3. Very Small Head 4. Defect of Lip and/ palate 5. Other Malformation_____ (Specify) 8. Don't know	☐
5.33	How soon after birth did baby take bath	1. < one day 2. > one day to < seven days 3. > seven days 4. No bath 8. Don't know	☐
5.34	What was used to tie the umbilical cord?	1. Thread from the house 2. Thread from dia kit 6. Cord clamp 8. Don't know	☐
5.34.1	What was used to cut the umbilical cord?	1. Razor blade from home 2. New Razor blade 3. Knife from house 7. surgical blade 8. Any other instrument 8. Don't know	☐

5.34.2	Was anything applied to the umbilical cord stump after birth?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.35***
5.34.3	If yes what was applied to the cord?	_____ (Specify)	
Neonatal Illness History :			
5.35	Was baby breast feed ?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.36***
5.35.1	If yes, how soon after the birth did baby suckle ?		___ ___ minutes ___ ___ *hours* ___ ___ days
5.35.2	Was baby exclusive breast feeding ?	1. Yes, 2. No 8. Don't know	☐ ***If 1 go to Q.5.37***
5.36	If 2 or 8, what was given to the baby ?	1. Expressed breast milk, 2. Animal milk 3. Others (specify)	Yes / No / DK 1. □ / 1. □ / 1. □ 2. □ / 2. □ / 2. □ 3.(_____)
5.37	If breast feeding did the baby stop suckling?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.38***
5.37.1	If yes, when did the baby stop suckling?		___ ___ minutes ___ ___ *hours* ___ ___ days
5.38	How was the baby kept warm?	1. covered with own clothes only 2. covered with own clothes & blanket 3. any other method 4. not covered 8. Don't know	☐
5.39	Did the baby have convulsions?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.40***
5.39.1	How soon after birth did the convulsions start?	1. Within 24 hrs. 2. After 24 hrs. 8. Don't know	☐
5.40	Did the baby become stiff and arched backwards?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.41***
5.40.1	How soon after the birth did the baby become stiff and arched backwards?		___ ___ *(DK = 88)*
5.41	Did the baby become lethargic or drowsy ?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.42***

5.41.1	If yes when did the baby become lethargic or drowsy?		___ ___ *(DK = 88)*
5.42	Did the baby have a fever?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.43***
5.42.1	If yes how many days after birth did the baby have a fever?		___ ___ *(DK = 88)*
5.43	Did the baby become cold to the touch?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.44***
5.43.1	If yes how many days after birth did the baby become cold to the touch?		___ ___ *(DK = 88)*
5.44	Did the baby have a cough?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.45***
5.44.1	If yes, how many days after birth did the baby start to cough?		___ ___ *(DK = 88)*
5.45	Did the baby have fast breathing?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.46***
5.45.1	If yes, how many days after birth did the baby start breathing fast?		___ ___ *(DK = 88)*
5.46	Did the baby have difficulty in breathing?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.47***
5.46.1	If yes, how many days after birth did the baby start having difficulty in breathing?		___ ___ *(DK = 88)*
5.47	Did the baby have chest indrawing?	1. Yes, 2. No 8. Don't know	☐
5.48	Did the baby have grunting? *(Demonstrate)*	1. Yes, 2. No 8. Don't know	☐
5.49	Did the baby have flaring of the nostrils ? *(Demonstrate)*	1. Yes, 2. No 8. Don't know	☐
5.50	Did the baby have watery stools?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.51***
5.50.1	If yes, how many days after birth did the baby have watery stools?		___ ___ *(DK = 88)*
5.51	Was there blood in the stools?	1. Yes, 2. No 8. Don't know	☐

5.52	Did the baby have vomiting?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.53***
5.52.1	If yes how many days after birth did vomiting start?		___ ___ *(DK = 88)*
5.52.2	What was the colour of vomiting ? (Please specify)	_____ (Specify)	
5.53	Did the baby have abdominal distension?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.5.54***
5.53.1	If yes, how many days after birth did the baby have abdominal distension?		___ ___ *days* *(DK = 88)*
5.54	Did the baby have redness or discharge from the umbilical cord stump?	1. Yes, 2. No 8. Don't know	☐
5.55	Did the baby have a pustular skin rash?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q. 5.56***
5.55.1	If yes, specify the number & location	_____ (Specify)	
5.56	Did the baby have yellow palms or soles?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q. 5.57***
5.56.1	If yes, how many days after birth did the yellow palms or soles begin?		___ ___ *days* *(DK = 88)*
5.56.2	For how many days did the baby have yellow palms or soles?		___ ___ *days* *(DK = 88)*
5.57	Was baby getting cyanosed (blue) on crying ?	1. Yes, 2. No 8. Don't know	☐
5.58	Was baby weighed after birth?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q. 5.59***
5.58.1	What was the weight at different dates?	_____ (Specify)	
5.59	Was immunization given to the child	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Section 7***
5.60.1	Was immunization complete for the age	1. Yes, 2. No 8. Don't know	☐

Section 6 :For Children more than 2 months to 5 years

Read out: *I Would like to ask you some questions concerning previously known medical conditions the deceased had and signs and symptoms that the deceased had/showed when she/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the deceased had.*
Please tell me if the deceased suffered from any of the following illnesses:

Status of Mother:

6.1	How is the mother's health now?	1. Healthy 2. Ill 3. Not Alive 8. Don't know	☐ ***If 1 or 8 go to Q. 6.2***
6.1.1	If ill not alive write in details about the mothers condition?	1. Anemia 2. Other _____ *(Specify)*	☐
6.2	Did mother take any medications during pregnancy? (excluding IFA Tablets & TT Inj.)	1. Yes, 2. No 8. Don't know	☐
6.2.1	If yes, specify	_____ (Specify)	
6.2.2	Dose mother have habit of smoking, drinking alcohol or tobacco chewing?	1. Smoking 2. Alcohol 3. Tobacco chewing 4. others (specify)……	Yes / No / DK 1. □ / 1. □ / 1. □ 2. □ / 2. □ / 2. □ 3. □ / 3. □ / 3. □ 4.(_____)
6.3	How many live births mother had before this baby		___ ___ (DK=88)
6.4	What is birth order of the baby		___ ___ (DK=88)
6.4.1	If 2 or More spacing between the previous pregnancy and the pregnancy with current baby		___ ___ months (DK=88)
6.5	Did any babies die before the current baby	1. Yes 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.6.6***
6.5 a	If yes, specify the reasons for deaths	_____ (Specify)	
6.6	Was the child small at birth?	1. Yes, 2. No 8. Don't know	☐
6.6.1	What was the birth weight of the baby?	1. >2500gms. 2. < 2500 - 2000gms. 3. <2000-1500gms. 4. <1500gms. 8. Don't know	☐
6.7	Was the child born prematurely? (less than 37 weeks)	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.6.8***
6.7.1	How many months or weeks premature? INDICATE PERIOD OF PREGNANCY		___ ___ *weeks* *(DK = 88)*
6.8	Was the child growing normally?	1. Yes, 2. No 8. Don't know	☐

6.9	Was child given exclusive breast feeding for 6 months ?	1. Yes, 2. No 8. Don't know	☐
6.9.1	If 2 or 8 what was given	_____ (Specify)	
6.10	Has complementary feeds started	1. Yes, 2. No 8. Don't know	☐
6.10.1	If yes when was it started	_____ (Specify)	
6.11	What was used in complementary feeds	1. Plain dal water/ Rice water 2. Khichadi + oil 3. Only Tea/ milk biscuits 4. Others(specify) 8. Don't know	☐
6.12	Did s/he had habit of eating mud (for >1year age only)	1. Yes, 2. No 8. Don't know	☐
6.13	Did she/he suffer from any worm infestation? (for >1year age only)	1. Yes, 2. No 8. Don't know	☐
6.13.1	Was Deworming done ? (for >1year age only)	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.6.14***
6.13.2	If, Yes when was the last deworming done. (for >1year age only)	1. 6 months 2. 6 months before 3. 6 to 12 months 5. more than 12 months 8. Don't know	☐
6.14	Family history for Tuberculosis?	1. Yes, 2. No 8. Don't know	☐
History of previously known Medical conditions in child :			
6.15	Heart disease? *(Read out)*	1. Yes, 2. No 8. Don't know	☐
6.16	Diabetes? *(Read out)*	1. Yes, 2. No 8. Don't know	☐
6.17	Asthma? *(Read out)*	1. Yes, 2. No 8. Don't know	☐
6.18	Convulsions? *(Read out)*	1. Yes, 2. No 8. Don't know	☐
6.19	Malnutrition? *(Read out)*	1. Yes, 2. No 8. Don't know	☐
6.20	Tuberculosis? *(Read out)*	1. Yes, 2. No 8. Don't know	☐
6.21	HIV AIDS? *(Read out)*	1. Yes, 2. No 8. Don't know	☐

6.22	Congenital malformations? *(Read out)*	1. Swelling/Defect on the back 2. Very Large Head 3. Very Small Head 4. Defect of Lip and/ palate 5. Other Malformation _____ (Specify) 6. No congenital malformations 8. Don't know	☐
6.23	Did she/he suffer from any other medically diagnosed illness?	1. Yes, 2. No 8. Don't know	☐ ***f 2 or 8 go to Q.6.24***
6.23.1	Can you specify the illness?	Illness _____ _____	
Symptoms Noted During the Final Illness for 2months - 5 yrs. Children :			
6.24	For how long was the child ill before s/he died? *(convert response to days: 1month = 30 days.)*		___ ___ *days* *(DK = 88)*
6.25	Did s/he have a fever?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.6.26***
6.25.1	If yes for how long did s/he have a fever?		___ ___ *days* *(DK = 88)*
6.25.2	Was the fever continuous or on and off?	1. Continuous 2. On and off 8. Don't know	☐
6.25.3	Did s/he have chills/ rigor?	1. Yes, 2. No 8. Don't know	☐
6.26	Did s/he have a cough?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.6.27***
6.26.1	If yes for how long did s/he have a cough?		___ ___ *days* *(DK = 88)*
6.26.2	Was the cough severe?	1. Yes, 2. No 8. Don't know	☐
6.26.3	Did the child vomit after s/he coughed?	1. Yes, 2. No 8. Don't know	☐
6.27	Did s/he have fast breathing?	1. Yes, 2. No 8. Don't know	☐
6.28	Did s/he have difficulty in breathing?	1. Yes, 2. No 8. Don't know	☐
6.29	Did s/he have chest indrawing?	1. Yes, 2. No 8. Don't know	☐
6.30	Did s/he have noisy breathing (grunting or wheezing)? (Demonstrate)	1. Yes, 2. No 8. Don't know	☐

6.31	Did s/he have flaring of the nostrils?	1. Yes, 2. No 8. Don't know	☐
6.32	Did s/he have diarrhea?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.6.33***
6.32.1	If yes, for how long did s/he have diarrhea? (> 14 days)		___ ___ *(DK = 88)*
6.32.2	When the diarrhea was most severe, how many times did s/he pass stool in a day?		___ ___ *(DK = 88)*
6.32.3	Did child pass less urine than before during illness?	1. Yes, 2. No 8. Don't know	☐
6.32.4	Did s/he have sunken eyes?	1. Yes, 2. No 8. Don't know	☐
6.32.5	Was the child lethargic/ drowsy?	1. Yes, 2. No 8. Don't know	☐
6.33	At any time during the final illness was there blood in the stool?	1. Yes, 2. No 8. Don't know	☐
6.34	During the illness that led to death, did s/he have any skin rash?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.6.35***
6.34.1	If yes, for how long did s/he have the skin rash?		___ ___ *(DK = 88)*
6.34.2	Was the rash located on:	1. Face..... 2. Trunk..... 9. Arms and Legs.....	Yes / No / DK 1. □ / 1. □ / 1. □ 2. □ / 2. □ / 2. □ 3. □ / 3. □ / 3. □
6.34.3	What did the rash look like?	1. Measles Rash 2. Rash with Clear Fluid 7. Rash with pus 8. Don't know	☐
6.34.4	Did she have red eyes?	1. Yes, 2. No 8. Don't know	☐
6.35	Did s/he had loss of appetite ?	1. Yes, 2. No 8. Don't know	☐
6.36	Did s/he have weight loss?	1. Yes, 2. No 8. Don't know	☐
6.37	Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?	1. Yes, 2. No 8. Don't know	☐
6.38	Did s/he look very thin and wasted?	1. Yes, 2. No 8. Don't know	☐
6.38.1	Was weight of the child taken 3 months prior to illness ?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.6.39***

6.38.2	If yes, specify the dates and the weight taken ?	_____ (Specify)	
6.39	Did her/his hair color change to reddish or yellowish?	1. Yes, 2. No 8. Don't know	☐
6.40	Did s/he vomit?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.6.41***
6.40.1	If yes, for how long did s/he vomit?		___ ___ *(DK = 88)*
6.40.2	When the vomiting was most severe, how many times did s/he vomit in a day?		___ ___ *(DK = 88)*
6.40.3	What was the colour of Vomiting ? please specify	_____ (Specify)	
6.41	Did s/he have abdominal pain?	1. Yes, 2. No 8. Don't know	☐
6.42	Did s/he have abdominal distension?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.6.43***
6.42.1	If yes, for how long did s/he have abdominal distension?		___ ___ *days* *(DK = 88)*
6.42.2	Did the distension develop rapidly within days or gradually over months?	1. Yes, 2. No 8. Don't know	☐
6.43	Was there a period of a day or longer during which s/he did not pass any stool?	1. Yes, 2. No 8. Don't know	☐
6.44	Did s/he have any mass in the abdomen?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.6.45***
6.44.1	If yes, for how long did s/he have the mass in the abdomen?		___ ___*days* *(DK = 88)*
6.45	Did s/he have yellow discoloration of the eyes?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.6.46***
6.45.1	If yes, for how long did s/he have the yellow discoloration of the eyes?		___ ___ *days* *(DK = 88)*
6.46	Did s/he have bleeding from any site? eg. Vomiting of blood or passing dark coloured stools (Malena)	1. Yes, 2. No 8. Don't know	☐ ***If 2or 8 go to Q.6.47***
6.46.1	If yes specify.	_____ (Specify)	
6.47	Did s/he have mouth sores or white patches in the mouth or on the tongue?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.6.48***

6.47.1	If yes, for how long did s/he have mouth sores or white patches in the mouth or on the tongue?		___ ___ *days* *(DK = 88)*
6.48	Did the child have lumps on?	1. Neck..... 2. Armpit ..... 3. Groin..... 4. Other Place..... *(specify other)*	Yes / No / DK 1. □ / 1. □ / 1. □ 2. □ / 2. □ / 2. □ 3. □ / 3. □ / 3. □ 4. □ / 4. □ / 4. □ (_____)
6.49	Did child have swelling on ?	1. Face..... 2. Joints ..... 3. Ankles..... 4. Whole Body …… 5. Other Place.....	Yes / No / DK 1. □ / 1. □ / 1. □ 2. □ / 2. □ / 2. □ 3. □ / 3. □ / 3. □ 4. □ / 4. □ / 4. □ 5. (_____)
6.50	Did s/he have headache?	1. Yes, 2. No 8. Don't know	☐
6.51	Did she have stiff or painful neck?	1. Yes, 2. No 8. Don't know	☐
6.52	Did s/he become drowsy or unconscious?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.6.53***
6.52.1	If yes, for how long was s/he drowsy or unconscious?		___ ___ *days* *(DK = 88)*
6.52.2	Did the unconsciousness start suddenly, quickly within a single day or slowly over many days?	1. Suddenly 2. Fast (In a day) 3. Slowly (Many days) 8. Don't know	☐
6.53	Did s/he have convulsions?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.6.54***
6.53.1	If yes, for how long was s/he had convulsions?		
6.54	Was baby getting cyanosed (blue) on crying ?	1. Yes, 2. No 8. Don't know	☐
6.55	Did s/he have paralysis of the lower limbs?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q6.56***
6.55.1	If yes, for how long did s/he have paralysis of the lower limbs?		___ ___ *days* *(DK = 88)*
6.55.2	Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days?	1. Suddenly 2. Fast (In a day) 3. Slowly (Many days) 8. Don't know	☐
6.56	Did child have ear dischage	1. Yes, 2. No 8. Don't know	☐

6.57	Did child have local skin infection	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q6.58***
6.57.1	If yes, specify the number & location	_____ (Specify)	
6.58	Was immunization given to the child	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to section 7***
6.58.1	Was immunization complete for the age ?	1. Yes, 2. No 8. Don't know	☐
Section 7 : History of Injuries / Accidents			
7.1	Did she/he suffer from any injury , poisoning or accident that led to her/his death?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to Q.7.2***
7.1.1	What kind of injury or accident did the deceased suffer?	1. Road Traffic Accident 2. Fall 3. Drowning 4. Poisoning 5. Burns 6. Violence/ Assault 7. Other _____ *(Specify)* 8. Don't know	☐
7.1.2	Was the injury or accident intentionally inflicted by someone else?	1. Yes, 2. No 8. Don't know	☐
7.1.3	How long after the injury did s/he die?		___ ___ *(DK = 88)*
7.2	Did she /he suffer from any animal/ insect bite that led to her death?	1. Yes, 2. No 8. Don't know	☐ ***If 2 or 8 go to section 8***
7.2.1	What type of animal/ insect?	1. Dog 2. Snake 3. Insect 4. Other _____ *(Specify)* 8. Don't know	☐
Section 8: Care seeking for child's illness that led to the death.			
8.1	What did child's family did for the illness? *Multiple answers allowed*	1. Gave home care *2.* Sought care from an informal provider *(includes at his/her own home)* 3. Sought formal health care 8. Don't know	1. ☐ 2. ☐ 3. ☐ 8. ☐

8.2	*If Action 8.1 was <u>not</u> seeking formal health care, then ask:* Did the family have any problems that kept them from seeking formal health care at that time? *If Action 8.1 was <u>seeking</u> formal health care, then ask:* Did the family have to overcome any problems in order to seek formal health care at that time? *Prompt:* Was there anything else? *[Multiple answers allowed. Check all that apply. Check only "14" if she had no careseeking problem.]*	1. Did not think child was sick enough to need health care 2. No one was available to accompany child 3. Mother/ father had to attend to household duties 4. Transportation not available 5. Could not pay for transportation 6. Could not pay for the care provider/facility 7. Other cost 8. Not satisfied with available health care 9. Child problem(s) require traditional care 10. Thought child was too sick to travel 11. Thought child would die no matter what 12. It was late at night 13. Other*(specify)*…… 14. No careseeking problem 88. Don't know	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐ 13. ☐ (_____) 14. ☐ 88. ☐
8.3	Who decided that this was the action to be taken? *[Only one response allowed. Record the main decision maker.]*	1. Mother 2. Father 3. Grand Mother 4. Grand Father 5. Other (Specify) 8. Don't know	☐
8.4	How long after the illness began did parents/ caretaker decide to do this? *[Mark days, hours and/or minutes as needed.* *Example: 02 days, 13 hours and 30 minutes;* *Example: 00 days, 05 hours and 00 minutes]*		___ ___ Days *(DK = 88)* ___ ___ Hours *(DK = 88)* ___ ___ Minutes *(DK = 88)*
8.5	Which symptom(s) did child have at this time? *[Multiple answers allowed. Check all that apply.]*	1. Low birth weight (<2500 gms) very low birth weight (< 1500 gms) 2. Premature baby < 37 weeks 3. Feeding problems not sucking well 4. Convulsions 5. Drowsy lethargic 6. Abdominal distention/ pain 7. Weight loss 8. Loose motions without blood 9. Loose motions with blood 10. cough / fever 11. Breathing difficulty 12. Other*(specify)*…… 88. Don't know	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐ (_____) 88. ☐

If action was to seek formal care

8.6	How many <u>formal</u> facilities was child taken to (or intended to go) before child died? *[Include any facility child did not reach because child died before leaving or on route.]*			☐	
8.6.1	*Mark the facility where child took treatment and where child died.*			<u>Was Treated Here</u>	<u>Referred to</u>	<u>Died Here</u>
8.6.2	Name and address of the first facility child went to: **FACILITY 1**	1. PHC 2. Rural Hospital 3. SDH/ DH 4. Private Hospital 5. Other (Specify)		☐	☐	☐

8.6.3	Name and address of the second facility child went to: **FACILITY 2**	1. PHC 2. Rural Hospital 3. SDH/ DH 4. Private Hospital 5. Other (Specify)		☐	☐	☐
8.6.4	Name and address of the third facility child went to: **FACILITY 3**	1. PHC 2. Rural Hospital 3. SDH/ DH 4. Private Hospital 5. Other (Specify)		☐	☐	☐

– MATRIX QUESTIONS –		**FACILITY 1**	**FACILITY 2**	**FACILITY 3**
After (deciding to seek care/ child was referred), how long did it take to make the arrangements to go from… *[Discuss that this includes the time needed to arrange for transportation and the money to pay for this and the childs health care.]* *[Mark days, hours and/or minutes as needed. Example: 01 day, 05 hours and 30 minutes; Example: 00 days, 02 hours and 10 minutes]*		**8.7** …home to fac1? ___ ___ Days *(DK = 88)*	8.20 …facility1 to 2? ___ ___ Days *(DK = 88)*	**8.33** …facility2 to 3? ___ ___ Days *(DK = 88)*
		___ ___ Hours *(DK = 88)*	___ ___ Hours *(DK = 88)*	___ ___ Hours *(DK = 88)*
		___ ___ Minutes *(DK = 88)*	___ ___ Minutes *(DK = 88)*	___ ___ Minutes *(DK = 88)*
How did the family arrange this money? *Multiple answers allowed. Check all that apply.*	1. Had available 2. Borrowed 3. Sold assets 4. Community fund 5. Govt. scheme 6. Other 8. Don't know	**8.8** 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 8. ☐	8.21 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 8. ☐	**8.34** 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 8. ☐
How far is it from…		**8.9** …home to fac 1? ___ ___ ___ km *(<1 = 000; DK = 888)*	**8.22** …fac.1 to 2? ___ ___ ___ km *(<1= 000; DK = 888)*	**8.35** …facility 2 to 3? ___ ___ ___ km *(<1 = 000; DK = 888)*
What transportation method was used to take child there? *Multiple answers allowed. Check all that apply.*	1. Walk..... 2. Rickshaw/cart..... 3. Bus..... 4. Taxi/auto/trecker .. 5. Ambulance..... 6. Other..... 8. Don't know	**8.10** 1. ☐ *If only walk, go to Q8.12* 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 8. ☐	**8.23** 1. ☐ *If only walk, go to Q.8.25* 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 8. ☐	**8.36** 1. ☐ *If only walk, go to Q.8.38* 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 8. ☐
How much did all this cost?		**8.11** ___ ___ ___ ___ Rp *(DK = 8888)*	**8.24** ___ ___ ___ ___ Rp *(DK = 8888)*	**8.37** ___ ___ ___ ___ Rp *(DK = 8888)*
How long did it take to travel to… *[Mark days, hours and/or minutes as needed. Example: 01 day, 05 hours and 30 minutes; Example: 00 days, 02 hours and 10 minutes]*		**8.12** …facility 1? ___ ___ Days *(DK = 88)*	**8.25** …facility 2? ___ ___ Days *(DK = 88)*	**8.38** …facility 3? ___ ___ Days *(DK = 88)*
		___ ___ Hours *(DK = 88)*	___ ___ Hours *(DK = 88)*	___ ___ Hours *(DK = 88)*
		___ ___ Minutes *(DK = 88)*	___ ___ Minutes *(DK = 88)*	___ ___ Minutes *(DK = 88)*

STOP: If the child died before reaching the facility, go to Section 10

Which illness symptom(s) did child have while at… *Multiple answers allowed. Check all that apply.*	1. Low birth weight (<2500 gms) very low birth weight (< 1500 gms) .... 2. Premature baby < 37 weeks ..... 3. Feeding problems not sucking well 4. Convulsions ..... 5. Drowsy lethargic..... 6. Abdominal distention/ pain ..... 7. Weight loss ..... 8. Loose motions without blood..... 9. Loose motions with blood..... 10. cough / fever ..... 11. Breathing difficulty..... 12. Other*(specify)*…… ..... 88. Don't know	…facility 1? 1. □ 2. □ 3. □ 4. □ 5. □ 6. □ 7. □ 8. □ 9. □ 10. □ 11. □ 12. □ (_____) 88. □	**8.26**…facility 2? 1. □ 2. □ 3. □ 4. □ 5. □ 6. □ 7. □ 8. □ 9. □ 10. □ 11. □ 12. □ (_____) 88. □	**8.39**…facility 3? 1. □ 2. □ 3. □ 4. □ 5. □ 6. □ 7. □ 8. □ 9. □ 10. □ 11. □ 12. □ (_____) 88. □
What did the (facility/provider) do for childs problem? *Prompt:* Was there anything else? *Multiple responses allowed. Check all that apply.*	1. Oral rehydration salts and/ or intravenous fluids (drip) treatment? 2. Blood transfusion? 3. Treatment/food trough a tube passed through the nose? 4. Any other treatment? 5. Nothing 8. Don't know	**8.14** 1. □ 2. □ 3. □ 4. □ (_____) 5. □ *If 5, go to Q 8.16* 8. □ *If 8, go Q 8.16*	**8.27** 1. □ 2. □ 3. □ 4. □ (_____) 5. □ *If 5, go to Q8.29* 8. □ *If 8, go Q8.29*	**8.40** 1. □ 2. □ 3. □ 4. □ (_____) 5. □ *If 5, go to Q8.42* 8. □ *If 8, go Q8.42*
How much did all this care cost?		**8.15** ___ ___ ___ ___ ___ Rp *(DK = 88888)*	**8.28** ___ ___ ___ ___ ___ Rp *(DK = 88888)*	**8.41** ___ ___ ___ ___ ___ Rp *(DK = 88888)*
Did the (facility/provider) refer child to another health care facility?	1. Yes 2. No 8. Don't know	**8.16** ☐ ***If 2 or 8, go to Q.8.17***	**8.29** ☐ ***If 2 or 8, go to Q.8.30***	**8.42** ☐ ***If 2 or 8, go to Q.8.43***
Why was the child referred? *Multiple responses allowed. Check all that apply.*	1. For a certain problem *(specify)*.. 2. Did not have blood ..... 3. For a procedure *(specify)*..... 4. Lack of a specialist *(specify)* ..... 5. Other *(specify)*.....	**8.16.1** 1. □ (_____) 2. □ 3. □ (_____) 4. □ (_____) 5. □ (_____)	**8.29.1** 1. □ (_____) 2. □ 3. □ (_____) 4. □ (_____) 5. □ (_____)	**8.42.1** 1. □ (_____) 2. □ 3. □ (_____) 4. □ (_____) 5. □ (_____)
How long after the arrival was child referred? *[Mark days, hours and/or minutes as needed. Example: 01 day, 05 hours and 30 minutes; Example: 02 days, 03 hours and 00 minutes]*		**8.16.2** ___ ___ Days *(DK = 88)*	**8.29.2** ___ ___ Days *(DK = 88)*	**8.42.2** ___ ___ Days *(DK = 88)*
		___ ___ Hours *(DK = 88)*	___ ___ Hours *(DK = 88)*	___ ___ Hours *(DK = 88)*
		___ ___ Minutes *(DK = 88)*	___ ___ Minutes *(DK = 88)*	___ ___ Minutes *(DK = 88)*
How long was child at this facility after referral ? *[Mark days, hours and/or minutes as needed. Example: 01 day, 05 hours and 30 minutes; Example: 02 days, 03 hours and 00 minutes]*		**8.17** ___ ___ Days *(DK = 88)*	**8.30** ___ ___ Days *(DK = 88)*	**8.43** ___ ___ Days *(DK = 88)*
		___ ___ Hours *(DK = 88)*	___ ___ Hours *(DK = 88)*	___ ___ Hours *(DK = 88)*
		___ ___ Minutes *(DK = 88)*	___ ___ Minutes *(DK = 88)*	___ ___ Minutes *(DK = 88)*

as child taken to another health facility after leaving…	1. Yes 2. No 8. Don't know	**8.18** …facility 1? ☐ ***If 8, go to Sctn 9***	**8.31** …facility 2? ☐ ***If 8, go to Sctn 9***	**8.44**…facility 2 ? ☐ ***If 8, go to Sctn 9***
If <u>not taken</u> to another facility,ask: Did the family have any problems that kept child from going to another facility? *If <u>taken</u> to another facility, ask:* Did the family have to overcome any problems in order to go to another facility? *Prompt:* Was there anything else? *[Multiple answers allowed. Check all that apply.]*	1. No transportation ... 2. Transportation or health care cost ..... 3. Not satisfied with available care..... 4. Thought child would die no matter what ..... 5. child died at F1/F2 . 6. Other *(specify)* ..... 7. No careseeking problem..... 8. Don't know.....	**8.19** 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ ***Go to Sctn 9*** 6. ☐ (_____) 7. ☐ 8. ☐	**8.32** 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ ***Go to Sctn 9*** 6. ☐ (_____) 7. ☐ 8. ☐	**8.45** 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ ***Go to Sctn 9*** 6. ☐ (_____) 7. ☐ 8. ☐
If child was taken to another facility…		***…go to Q 8.20 (start of Facility 2)***	***…go to Q. 8.33. (start of Facility 3)***	***Go to Sctn 9***

Section 9: Reported cause of death

9.1	Do you have a death certificate for the deceased?	1. Yes 2. No 8. Don't know	☐ ***If 2 or 8 go to section 10***
9.1.1	Can I see the death certificate? COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICATE.	___ ___ / ___ ___ / ___ ___ ___ ___ (D D / M M / Y Y Y Y)	
9.1.2	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE: _____		
9.1.3	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
9.1.4	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY): _____		

SECTION 10: DATA ABSTRACTED FROM OTHER HEALTH RECORDS

10.1	Other Health records available	1. Yes 2. No	☐ ***If 2, go to Open History***
10.2	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE _____		

10.3	POSTMORTEM RESULTS (CAUSE OF DEATH) _____
10.4	MCH/ANC/IMMUNIZATION CARD (RELEVANT INFORMATION) _____
10.5	HOSPITAL PRESCRIPTION (RELEVANT INFORMATION) _____
10.6	TREATMENT CARDS (RELEVANT INFORMATION) _____
10.7	HOSPITAL DISCHARGE (RELEVANT INFORMATION) _____
10.8	LABORATORY RESULTS (RELEVANT INFORMATION) _____

Section 11: Open history

Read: Thank you for answering the many questions that I've asked. Would you like to tell me about the illness in your own words? Also, is there anything else about Childs illness that I did not ask you would like to tell me about?
After the respondent(s) finishes, ask: Is there anything else?
Write the respondent's exact words. After s/he has finished, read this back and ask her to correct any errors in what you wrote.

_____
_
_____
_
_____
_
_____
_
_____
_

Signature of Interviewer **Signature of respondent**

(Name & Designation)

END OF INTERVIEW
THANK RESPONDENT(S) FOR THEIR COOPERATION

RECORD THE TIME AT THE END OF INTERVIEW	Hours _____ Minutes _____
Supervisor's certification	

The below supervisor certifies that s/he reviewed the information in this interview and verifies that it is correct and complete			
Supervisor's name (written)		Date of certification	___ ___/ ___ ___/ ___ ___ ___ ___ (D D / M M / Y Y Y Y)
Supervisor's signature			