

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune



Standard Verbal Autopsy Questionnaire

Child deaths

28 days to <12 years of age

Table of contents

- Section 01: Background Information on the Deceased
- Section 02: Background Information about the Interview
- Section 03: Information about Caretaker/Respondent
- Section 04: Open History Question
- Section 05: Accidents and Injuries
- Section 06: Other Neonatal Conditions
- Section 07: Treatment and Records
- Section 08: Interviewer Comments and Observation

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune

Instructions to interviewer: Introduce yourself and explain the purpose of your visit. Ask for speaking to the mother or to another adult caretaker who was present during the illness that led to the death. If this is not possible, arrange a time to revisit the household when the mother or caretaker would be home.

Interview Start Time: :

SECTION 1: BACKGROUND INFORMATION OF THE DECEASED

Permanent ID of deceased		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent ID of deceased		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q 1.1	Full name of the Child	_____
Q 1.2	Village name	_____ <input type="text"/> <input type="text"/> <input type="text"/> code
Q 1.3	Wadi name	_____ <input type="text"/> <input type="text"/> <input type="text"/> code
Q 1.4	Household number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q 1.5	Village name where child died	_____ <input type="text"/> <input type="text"/> <input type="text"/> code
Q 1.6	Is the death registered in the Gram Panchayat	01 Yes 02 No
Q 1.7	Date of Birth of the child:(DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q 1.8	Sex of the diseased	01 Male 02 Female
Q 1.9	Date of death of child (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q 1.10	Age at death	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Years Months Days

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune

Q 1.11	Weight of the child	<input type="text"/> <input type="text"/> Kg
Q 1.12	Number of years of formal education of the deceased	<input type="text"/> <input type="text"/> Years
Q 1.13	Highest level of education of the deceased	01 Less than Primary school 02 Primary school completed 03 Secondary school completed
Q 1.14	Residence status of the deceased	01 Resident 02 Visitor 03 Passer-by
Q 1.15	Where did (name of child) die?	01 PublicHospital 02 PrivateHospital 03 Home 04 During transit 05 Other (specify)-----
Q1.16	For deaths at hospital or health facility record facility name	_____
Q 1.17	Address of the hospital or health facility	_____ _____

SECTION 2. BACKGROUND INFORMATION ABOUT THE INTERVIEW

Q 2.1	Language of interview	01 Marathi 02 Hindi 03 English 04 Other Specify
Q 2.2	Interviewer Code (Identification number)	<input type="text"/> <input type="text"/>
Q 2.3	Date of the first interview attempt (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Date arranged for second interview attempt	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune

	Date arranged for third interview attempt	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Date Interview completed	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SECTION 3: INFORMATION ABOUT CARETAKER/RESPONDENT <i>(Please check question as well as answer carefully for all section 3)</i>		
Q 3.1	What is the name of the main respondent	_____
	Permanent ID <i>(If applicable)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q 3.2	What is the relationship of the main respondent to the deceased child? <i>(circle relevant number)</i>	01 Mother 02 Father 03 Grandmother 04 Grandfather 05 Aunt 06 Uncle 07 Other Specify _____
Q 3.3	What is the age of the main respondent?	<input type="text"/> <input type="text"/> Years
Q 3.4	How many years of school have the main respondent completed?	<input type="text"/> <input type="text"/> Years
Q 3.5	Highest level of education of respondent	01 Less than Primary school 02 Primary school completed 03 Secondary school completed 04 High school (or equivalent) completed 05 College/Pre-University completed 06 Post graduate degree completed

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune

Q 3.6	Of those present at the interview, which of the following were present at the time of the illness that led to death (YES, NO)? 01 Mother 02 Father 03 Grandmother 04 Grandfather 05 Aunt 06 Uncle 07 Other Specify _____	01 Yes 02 No 01 Yes 02 No 01 Yes 02 No 01 Yes 02 No 01 Yes 02 No 01 Yes 02 No
Q 3.7	Were other people present at the interview?	01 Yes 02 No
Q 3.8	How is the mother's health now?	01 Not Alive 02 Not Healthy 03 Healthy
Q 3.9	How is the father's health now?	01 Not Alive 02 Not Healthy 03 Healthy
Q 3.10	Do/did either of the child's parents have HIV/AIDS?	01 Yes 02 No 999 NK

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune

Q 3.11	Did the child have HIV/AIDS?	01 Yes 02 No 999 NK
Q 3.12	Has anyone in the family been diagnosed as having tuberculosis?	01 Yes 02 No 999 NK
Q 3.13	If yes, did s/he/they live in the same house as the dead child?	01 Yes 02 No 999 NK
Q 3.14	Did the child have Asthma?	01 Yes 02 No 999 NK
Q 3.15	Did the child have Cancer?	01 Yes 02 No 999 NK
Q 3.15.1	If yes to cancer, please specify which type?	_____ _____
Q 3.16	Did the child have Leprosy?	01 Yes 02 No 999 NK
Q 3.17	Did the child die in sleep? If 2 or 999 go to section 4	01 Yes 02 No 999 NK
Q 3.17.1	Specify the position e.g. on stomach	_____
Q 3.18	Did the child die suddenly? (Ask was the child healthy)	01 Yes 02 No 999 NK

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune

Q4.2.8				01 02
Q4.2.9				01 02
<i>Note: When possible, use local term for the symptom</i>				
Q 4.3	How many days did the illness immediately preceding the child's death last?	<input type="text"/> <input type="text"/> <input type="text"/> days 999 NK		
Q 4.4	Was care sought outside the home while he/she had this illness?	01 Yes 02 No 999 NK	If 2 or 999 go to section 5	
Q 4.4.1	How many days after illness started was care sought?	<input type="text"/> <input type="text"/> <input type="text"/> days 999 NK		
Q4.5	Where or from whom did you seek care? <i>(Record all responses- record spontaneous answer and ask from anyone else? And record. Do not read options)</i>			
	Q4.5.1 Traditional Healer	01 Yes 02 No 999 NK		
	Q4.5.2 Religious leader	01 Yes 02 No 999 NK		
	Q4.5.3 Vadu Rural Hospital	01 Yes 02 No 999 NK		
	Q4.5.4 KEMHospital, Pune	01 Yes 02 No 999 NK		
	Q4.5.5 Government hospital	01 Yes 02 No 999 NK		
	Q4.5.6 Government health centre/clinic	01 Yes 02 No 999 NK		
	Q4.5.7 Community-based practitioner	01 Yes 02 No 999 NK		

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune

	Q4.5.8 Private physician or nurse	01 Yes 02 No 999 NK
	Q4.5.9 Pharmacy	01 Yes 02 No 999 NK
	Q4.5.10 Drug seller, store or market	01 Yes 02 No 999 NK
	Q4.5.11 Relatives or friends	01 Yes 02 No 999 NK
	Q4.5.12 Other (Specify) _____	
Q 4.6	After respondent finishes, prompt: Did you seek care anywhere else _____	888 NA 999 NK
Q4.6.1	Where or from whom was the care sought first? _____	888 NA 999 NK
Q4.6.2	Where or from whom was the care sought second? _____	888 NA 999 NK
Q4.6.3	Where or from whom was the care sought third? _____	888 NA 999 NK
Q4.7	Where was the child born?	01 Hospital 02 Home 03 During transit 04 Other(specify)
Q 4.8	Who managed the delivery when the child was born?	01 Health professional (Doctor,midwife,nurse) 02 Traditional birth attendant 03 Relative 04 Mother alone 05 Other (specify) _____

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune

Q 4.9	Was s/he vaccinated?	01 Yes 02 No 999 NK
Q 4.9	If yes ask: What all vaccination has been given? Allow respondent to answer spontaneously. (while data entry mention each vaccine question number as 4.9.1, 4.9.2.....4.9.7)	01 BCG 02 DTP 03 OPV 04 Measles 05 Hep A 06 Hep B 07 Other(specify) _____
Q 4.10	What is the birth order of the child?	01 01 02 02 03 03 04 Other (Specify) _____
<u>SECTION 5: ACCIDENTS AND INJURIES</u>		
Q 5.1	Did s/he die from an injury or accident?	01 Yes 02 No 999 NK
		<i>If the answer is 2 or 999 proceed to Q6.1</i>
Q 5.1.1	5.1 If yes ask: What kind of injury or accident? Allow respondent to answer spontaneously	01 Transport accident (pedestrian No) 02 Transport accident (passenger/driver) 03 Fall 04 Drowning 05 Poisoning (specify) _____ 06 Animal bite 07 Other bites or sting 08 Burn 09 Firearm 10 Sharp object- e.g. knife 11 Circumcision 12 Assault/abuse (specify): _____ 13 Other (specify): _____
Q5.1.2	If answer to 5.1.1 is 6, please specify	01 Dog 02 Snake 03 Other Specify _____ 999 NK
Q5.1.3	Did s/he die at the site where accident or injury occurred?	01 Yes 02 No 999 NK

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune

Q5.1.4	For how long after the accident or injury did s/he survive?	01 Died at the site 02 <24 hours 03 >=24 hours 999 NK
Q5.1.5	Did the child receive medical care before death?	01 Yes 02 No 999 NK
Q5.1.6	Did the child have an ongoing Chronic illness or was he/she sick in the month before the accident or injury?	01 Yes 02 No 999 NK
Q5.1.6.	If yes to 5.1.6, What was the illness?	_____
<i>(Please check: If the child died from injury or accident skip to section 7.0)</i>		

SECTION 6: OTHER NEONATAL CONDITIONS

(Reference period is within 1 month of the event of death)

Q 6.1	Was the child growing normally for his / her age?	01 Yes 02 No 999 NK
Q.6.1.1	Did the child get more sicknesses or illnesses than other children in the family or in the community?	01 Yes 02 No 999 NK
Q.6.2	During the illness that led to death, did s/he have a fever?	01 Yes 02 No 999 NK
Q 6.2.1	How many days did the fever last?	<input type="text"/> <input type="text"/> <input type="text"/> days
Q 6.2.2	Was the fever	01 Mild/moderate 02 Intermittent 03 Evening Rise of temp 999 NK
Q 6.2.3	Did s/he have chills/rigor	01 Yes 02 No 999 NK

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune

Q 6.3	During the illness that led to death, did/he have diarrhoea (<i>more frequent or more liquid stools than usual</i>)? <i>Note: When preparing the country-specific questionnaire, include local terms for diarrhoea.</i>	01 Yes 02 No 999 NK
Q 6.3.1	For how many days were the stools more frequent or liquid?	<input type="text"/> <input type="text"/> days 999 NK
Q 6.3.2	On the day when the diarrhoea was most severe, how many times did he/she pass stools?	<input type="text"/> <input type="text"/> times 999 NK
Q 6.3.3	Was there visible blood in the stools?	01 Yes 02 No 999 NK
Q 6.3.4	Did the child have sunken eyes when he/she was ill with diarrhoea?	01 Yes 02 No 999 NK
Q 6.3.5	Did s/he have vomiting?	01 Yes 02 No 999 NK <i>(If the answer is 2 or 999 proceed to Q6.10)</i>
Q 6.3.6	How many days did s/he have vomiting?	<input type="text"/> <input type="text"/> days 999 NK
Q 6.3.7	When the vomiting was severe, how many times did s/he vomit in a day?	<input type="text"/> <input type="text"/> times 999 NK
Q 6.3.8	What did the vomit look like?	01 Watery fluid 02 Yellowish fluid 03 Coffee colored fluid 04 Blood 05 Faecal Matters 06 Other (specify) _____ 999 NK
Q 6.3.9	During the diarrhoeal episode, was the child given any fluids such as ORS? (<i>when preparing the country-specific questionnaire, insert a list of home made fluids recommended by the National CDD program</i>)	01 Yes 02 No 999 NK

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune

Q 6.3.10	Did s/he have abdominal pain?	01 Yes 02 No 999 NK
Q 6.3.11	What type of pain was it?	01 Cramp 02 Dull ache 03 Burning pain 04 Other(specify) 999 NK
Q 6.3.12	How many days did s/he have the pain?	<input type="text"/> <input type="text"/> days 999 NK
Q.6.3.13	Where exactly was the pain?	01 Lower abdomen 02 Upper abdomen 03 Over all abdomen 04 Middle Abdomen 05 Other(specify) _____ 999 NK
Q 6.3.14	What was the severity of the pain?	01 Mild/ Modreate 02 Severe 888 NA 999 NK
Q 6.4	During the illness that led to death, did the child have a cough?	01 Yes 02 No 999 NK
Q 6.4.1	For how many days did the cough last?	<input type="text"/> <input type="text"/> days 999 NK
Q 6.4.2	Was the cough severe?	01 Yes 02 No 999 NK
Q 6.4.3	Was the cough productive (sputum)?	01 Yes 02 No 999 NK
Q 6.4.4	Did child cough blood?	01 Yes 02 No 999 NK
Q 6.4.5	Did child have night sweats?	01 Yes 02 No 999 NK
Q 6.4.6	When was the cough worse?	01 Yes 02 No 999 NK

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune

Q 6.5	During the illness that led to death, Dids/he have difficulty with breathing?	01 Yes 02 No 999 NK
Q 6.5.1	For how many days did the difficulty with breathing last?	<input type="text"/> <input type="text"/> days 999 NK
Q 6.6	During the illness that led to death, did the child have fast breathing?	01 Yes 02 No 999 NK
Q 6.6.1	For how many days did the fast breathing last?	<input type="text"/> <input type="text"/> days 999 NK
Q.6.7	During the illness that led to death, did s/he have in drawing of chest?	01 Yes 02 No 999 NK
Q 6.8	During the illness that led to death, did he/she have wheezing? (<i>Demonstrate sound</i>)	01 Yes 02 No 999 NK
Q 6.9	Did the child experience any generalised convulsions/fits during the illness that led to death?	01 Yes 02 No 999 NK
Q 6.10	Was the child unconscious during the illness that led to death?	01 Yes 02 No 999 NK
Q 6.11	At any time during the illness that led to death, did the child stop being able to grasp?	01 Yes 02 No 999 NK
Q 6.11.1	If yes, ask: How long before he/she died did the child stop being able to grasp?	01 Less than 12 hours 02 12 hours or more 999 NK
Q 6.12	At any time during the illness that led to death, did the child stop being able to respond to a voice?	01 Yes 02 No 999 NK
Q 6.12.1	If yes, ask: How long before he/she died did the child stop being able to respond to a voice?	01 Yes 02 No 999 NK

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune

Q 6.13	At any time during the illness that led to death, did the child stop being able to follow movements with his/her eyes?	01 Yes 02 No 999 NK
Q 6.13.1	If yes, ask: How long before he/she died did the child stop being able to follow movements with their eyes?	01 Less than 12 hours 02 12 hours 999 NK
Q 6.14	Did the child have a stiff neck during the illness that led to death? (Demonstrate)	01 Yes 02 No 999 NK
Q 6.15	Did the child have a bulging fontanel during the illness that led to death?	01 Yes 02 No 999 NK
Q 6.16	During the illness that led to death, did s/he have a skin rash?	01 Yes 02 No 999 NK
Q 6.16.1	If yes, ask: Was the rash all over the child's body?	01 Yes 02 No 999 NK
Q 6.16.2	Was the rash on the child's face?	01 Yes 02 No 999 NK
Q 6.16.3	For how many days did the rash last?	<input type="text"/> <input type="text"/> days 999 NK
Q 6.16.4	Did the rash have blisters containing clear fluid?	01 Yes 02 No 999 NK
Q 6.16.5	Did the skin crack/split or peel after the rash started?	01 Yes 02 No 999 NK
Q 6.16.6	Was this illness measles?	01 Yes 02 No 999 NK
Q 6.17	During the illness that led to death, did the child become very thin?	01 Yes 02 No 999 NK
Q 6.18	During the illness that led to death, did the child have swollen legs or feet?	01 Yes 02 No 999 NK

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune

Q 6.18.1	How long (days) did the swelling last?	<input type="text"/> <input type="text"/> days 999 NK
Q 6.19	During the illness that led to death, did the child's skin flake off in patches?	01 Yes 02 No 999 NK
Q 6.20	Did the child's hair change in colour to a reddish (or yellowish) colour? <i>Note: When preparing country-specific questionnaire, terms for colour to be locally adapted</i>	01 Yes 02 No 999 NK
Q 6.21	Did the child have generalised body swelling during the month before He/she died?	01 Yes 02 No 999 NK
Q 6.21.1	If yes 6.21, Was the child miserable in the month prior to the death? <i>Note: When preparing country-specific questionnaire, use local terms for kwashiorkor</i>	01 Yes 02 No 999 NK
Q 6.22	Did the child have wasting and appear like an old man (Marasmus) during the month before he/she died? <i>(When preparing country-specific questionnaire, use local terms for marasmus.)</i>	01 Yes 02 No 999 NK
Q 6.23	During the illness that led to death, did the child suffer from lack of blood or appear pale? <i>(When preparing country-specific questionnaire, use local terms for lack of blood or pallor)</i>	01 Yes 02 No 999 NK
Q 6.24	During the illness that led to death, did the child have pale palms?	01 Yes 02 No 999 NK
Q 6.25	During the illness that led to death, did the child have white nails? <i>(Show photo if possible)</i> <i>Note: When preparing country-specific questionnaire, use local terms for white nails</i>	01 Yes 02 No 999 NK
Q 6.26	During the illness that led to death, did the child have swellings in the armpits?	01 Yes 02 No 999 NK

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune

Q 6.27	During the illness that led to death, did the child have swellings in the groin?	01 Yes 02 No 999 NK
Q 6.28	During the illness that led to death, did s/he have Swellings in the neck?	01 Yes 02 No 999 NK
Q 6.29	During the illness that led to death, did the child have a whitish rash inside the mouth or on the tongue?	01 Yes 02 No 999 NK
<u>SECTION 7.0: TREATMENT AND RECORDS</u>		
Q 7.1	Treatment	
Q 7.1.1	Did s/he receive any drug during the illness?	01 Yes 02 No 999 NK
Q 7.1.2	Did s/he receive any antibiotics during the illness?	01 Yes 02 No 999 NK
Q 7.1.3	Did s/he receive any anti-malarial drug during the illness?	01 Yes 02 No 999 NK
Q 7.1.4	If yes ask: Which anti-malarial drug did s/he receive?	01 Choroquine 02 Fansidr 03 Quinine 04 Other 888 NA 999 NK
Q7.1.4.1	If yes ask: Which other anti-malarial drug did s/he receive? Please specify	_____
Q 7.2	Health records	
	Source	Summary of details
	Q 7.2.1 Death Certificate	Cause of death:
	Q 7.2.2 Burial permit	Cause of death:
	Q 7.2.3 Post-mortem results	Cause of death:

