KIKOP POST NEONATAL AND 12-59MONTHS AND WRA VERBAL AUTOPSY INSTRUMENT

INSTRUCTION

1. ***This form must be completed for death of a child aged above 28days but not more than 59 months and for women 15-49yrs***
2. ***The form should be filled within 2 weeks after the occurrence of death but reported by 5th of each month as an aggregate report.***
3. ***The verbal Autopsy tool to be filled by trained Community Health Nurse or CHEW/FO in consultation with village health committee and assistant chief/ward administrator***
4. ***This is a confidential document and any information here in will remain private and confidential***
5. ***Mark with a tick and write in block letters where applicable.***
6. ***Strictly follow skip patterns and instructions***
7. ***Take note that the tool has been adopted from the WHO verbal autopsy guide***

INFORMED CONSENT

Hello, my name is __________ and I am working with the KIKOP project through the Ministry of Health and Curamericas Global and in partnership with the Matongo Health Centre. We are collecting information on causes of death in the community. We would very much appreciate your participation in this effort. We want to ask you about the circumstances leading to the death of the deceased. Whatever information you provide will be kept strictly confidential. No information identifying you of the deceased will ever be released to anyone outside of this information-collection activity. Participation in this survey is voluntary and you can choose not to answer any individual question or all questions. You may also stop the interview completely at any time without any consequences at all. However, we hope that you will participate in this survey since the results help us improve the health services for people living in your community.

At this time do you want to ask me anything about the purpose of content of this interview?

May I begin the interview now?

Verbal consent was received YES NO

Signature of Interviewer _________________________ Date (DD/MM/YYYY) ___________

KIKOP WHO VERBAL AUTOPSY

post neonates,12-59months and WRA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 1. BASIC INFORMATION ABOUT THE INTERVIEW AND THE RESPONDENT		
2A120	Name of verbal autopsy interviewer: Surname __________ Name __________	
2A140	RECORD THE DATE OF INTERVIEW	DAY MONTH YEAR
2A130	RECORD THE TIME AT START OF INTERVIEW MORNING =1 EVENING=2	MORNING/EVENING HOUR MINUTES
2A100	Name of verbal autopsy respondent Surname __________ Name __________	
2A110	What is your relationship to the deceased?	FATHER MOTHER SPOUSE SIBLING OTHER RELATIVE ________ (SPECIFY) NO RELATION
2A115	Did you live with the deceased in the period leading to her/his death?	YES NO
SECTION 2. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH		
1A100	What was the name of the deceased? Surname __________ Name __________	
1A110	Was the deceased female or male?	FEMALE MALE
1A200	Is date of birth known?	YES NO
1A210	+ When was the deceased born?	DAY MONTH YEAR
1A220	Is date of death known?	YES NO
1A230	+ When did s/he die?	DAY MONTH YEAR
1A240 1A250	How old was the deceased when s/he died? IF AGE IS LESS THAN 1 YEAR RECORD IN MONTHS	AGE IN YEARS AGE IN MONTHS
1A400	Was this a woman who died more than 42 days but less than 1 year after being pregnant or delivering a baby?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
1A500	What was her/his citizenship/nationality?	CITIZEN BY BIRTH NATURALIZED CITIZ. ALIEN DON'T KNOW
1A510	What was her/his ethnicity?	ETHNICITY A ETHNICITY B ETHNICITY C OTHER (specify) ______
1A520	What was her/his place of birth? 1 Larger admin area (e.g county) ______ 2 Smaller admin area (e.g., ward) ______ 3 Locality (e.g., city, village) ______ 4 Urban/Rural 5 Other country	LARGER ADMIN AREA SMALLER ADMIN AREA LOCALITY DON'T KNOW URBAN RURAL OTHER COUNTRY (specify) ______
1A530	What was her/his place of usual residence? 1 Larger admin area (e.g.county) ______ 2 Smaller admin area (e.g.,ward) ______ 3 Locality (e.g., city, village) ______ 4 Urban/Rural 5 Other country	LARGER ADMIN AREA SMALLER ADMIN AREA LOCALITY DON'T KNOW URBAN RURAL OTHER COUNTRY (specify) ______
1A540	What was her/his place of normal residence 1 to 5 years before death? 1 Larger admin area (e.g., County) ______ 2 Smaller admin area (e.g., Ward) ______ 3 Locality (e.g., city, village) ______ 4 Urban/Rural 5 Other country	LARGER ADMIN AREA SMALLER ADMIN AREA LOCALITY DON'T KNOW URBAN RURAL OTHER COUNTRY (specify) ______
1A550	Where did death occur? 1 Larger admin area (e.g.,County) ______ 2 Smaller admin area (e.g.Ward) ______ 3 Locality (e.g., city, village) ______ 4 Urban/Rural 5 Other country	LARGER ADMIN AREA SMALLER ADMIN AREA LOCALITY DON'T KNOW URBAN RURAL OTHER COUNTRY (specify) ______
1A560	What was the site of death?	HOSPITAL OTHER HEALTH FACILITY HOME OTHER (specify) ______ DON'T KNOW
1A600	What was her/his marital status?	NEVER MARRIED MARRIED/LIVING WITH A PARTNER WIDOWED DIVORCED SEPARATED DON'T KNOW
1A610	What was the date of marriage? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY MONTH YEAR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
1A630	What was the name of the mother? Surname ____ Name ____	
1A620	What was the name of the father? Surname ____ Name ____	
1A640	What was her/his highest level of schooling?	NO FORMAL EDUCATION PRIMARY SECONDARY HIGHER DON'T KNOW
1A650	Was s/he able to read and write?	YES NO DON'T KNOW
1A660	What was her/his economical activity status in year prior to death?	USUALLY ECONOMICALLY ACTIVE MAINLY EMPLOYED MAINLY UNEMPLOYED NOT ECONOMICALLY ACTIVE HOME-MAKER STUDENT PENSION OTHER (specify) ____ DON'T KNOW
1A670	What was her/his occupation, that is, what kind of work did s/he mainly do?	____ ____ ____

SECTION 3. DEATH REGISTRATION AND CERTIFICATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
1A700	Death registration number	
1A710	Date of registration RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY MONTH YEAR
1A720	Place where the death is registered: 1 Larger admin area (e.g.,county) ____ 2 Smaller admin area (e.g. ward) ____ 3 Locality (e.g., city, village) ____ 4 Urban/Rural 5 Name of local registrar Surname ____ Name ____	LARGER ADMIN AREA SMALLER ADMIN AREA LOCALITY URBAN RURAL DON'T KNOW
1A730	National identification number of deceased	

KIKOP VERBAL AUTOPSY [FORM]
post neonates,12-59months and WRA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH		
	Could you tell me about the illness/events that led to her his/death?	
	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT	
	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT	
SECTION 5. CONTEXT AND HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS		
	I would like to ask you some questions concerning the contexts and previously known medical conditions the deceased had; injuries and accidents that the deceased suffered; and signs and symptoms that the deceased had/showed when s/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.	
3A100	Was there any diagnosis of Tuberculosis?	YES NO DON'T KNOW
3A110	Was there any diagnosis of HIV/AIDS?	YES NO DON'T KNOW
3A120	Did s/he have a recent positive test for Malaria?	YES NO DON'T KNOW
3A130	Did s/he have a recent negative test for Malaria?	YES NO DON'T KNOW
3A140	Was there any diagnosis of Measles?	YES NO DON'T KNOW
3A150	Was there any diagnosis of High Blood Pressure?	YES NO DON'T KNOW
3A160	Was there any diagnosis of Heart Disease?	YES NO DON'T KNOW
3A170	Was there any diagnosis of Diabetes?	YES NO DON'T KNOW
3A180	Was there any diagnosis of Asthma?	YES NO DON'T KNOW

3A190	Was there any diagnosis of Epilepsy?	YES NO DON'T KNOW	☐ ☐ ☐
3A200	Was there any diagnosis of Cancer?	YES NO DON'T KNOW	☐ ☐ ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3A210	Was there any diagnosis of Chronic Obstructive Pulmonary Disease (COPD)?	YES NO DON'T KNOW
3A220	Was there any diagnosis of Dementia?	YES NO DON'T KNOW
3A230	Was there any diagnosis of Depression?	YES NO DON'T KNOW
3A240	Was there any diagnosis of Stroke?	YES NO DON'T KNOW
3A250	Was there any diagnosis of Sickle Cell disease?	YES NO DON'T KNOW
3A260	Was there any diagnosis of Kidney disease?	YES NO DON'T KNOW
3A270	Was there any diagnosis of Liver disease?	YES NO DON'T KNOW
3A280	Did s/he die during the wet season?	YES NO DON'T KNOW
3A290	Did s/he die during the dry season?	YES NO DON'T KNOW
3A300	For how long was s/he ill before s/he died?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3A310	Did s/he die suddenly?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 6. HISTORY OF INJURIES/ACCIDENTS		
3E100	Did s/he suffer from any injury or accident that led to her/his death?	YES NO DON'T KNOW
3E110	+ Did s/he suffer from a road traffic accident?	YES NO DON'T KNOW
3E120	+ + Was s/he injured as a pedestrian/walking?	YES NO DON'T KNOW
3E130	+ + Was s/he injured as an occupant of a car vehicle?	YES NO DON'T KNOW
3E140	+ + Was s/he injured as an occupant of a bus/heavy transport vehicle?	YES NO DON'T KNOW
3E150	+ + Was s/he injured as a driver or passenger of a motorcycle?	YES NO DON'T KNOW
3E160	+ + Was s/he injured as a pedal cyclist?	YES NO DON'T KNOW
3E170	+ + Do you know anything about the counter-part that was hit during the road traffic accident?	YES NO
3E200	+ + + Was it a pedestrian?	YES NO DON'T KNOW
3E210	+ + + Was it a stationary object?	YES NO DON'T KNOW
3E220	+ + + Was it a car vehicle?	YES NO DON'T KNOW
3E230	+ + + Was it a bus or heavy transport vehicle?	YES NO DON'T KNOW
3E240	+ + + Was it a motor cycle?	YES NO DON'T KNOW
3E250	+ + + Was it a pedal cycle?	YES NO DON'T KNOW
3E260	+ + + Was it something else?	YES (specify)__________ NO DON'T KNOW
3E300	+ Was s/he injured in a non-road transport accident?	YES NO DON'T KNOW
3E310	+ + Was s/he injured in a fall?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3E320	+ + Did s/he die of drowning?	YES NO DON'T KNOW
3E330	+ + Did s/he suffer from burns?	YES NO DON'T KNOW
3E340	+ + Did (s)he suffer from any plant/animal/insect bite or sting that led to + + her/his death?	YES NO DON'T KNOW
3E400	+ + + Was it a dog?	YES NO DON'T KNOW
3E410	+ + + Was it a snake?	YES NO DON'T KNOW
3E420	+ + + Was it an insect?	YES NO DON'T KNOW
3E500	+ + Was s/he injured by a force of nature?	YES NO DON'T KNOW
3E510	+ + Was there any poisoning?	YES NO DON'T KNOW
3E520	+ Was s/he subject to violence or assault?	YES NO DON'T KNOW
3E530	+ Was the injury or accident intentionally inflicted by someone else?	YES NO DON'T KNOW
3E600	+ + Was s/he injured by a fire arm?	YES NO DON'T KNOW
3E610	+ + Was s/he injured from a stab, cut or pierce?	YES NO DON'T KNOW
3E620	+ + Was s/he injured by machinery?	YES NO DON'T KNOW
3E630	+ + Was s/he struck by an animal or object?	YES NO DON'T KNOW
3E700	+ Do you think that s/he committed suicide?	YES NO DON'T KNOW
	CHECK QUESTIONS 1A240 AND 1A250 FOR AGE AT DEATH: IF UNDER ONE YEAR ☐ ↓ IF ONE YEAR OR OLDER ☐ → JUMP TO SECTION 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 7. SYMPTOMS AND SIGNS NOTED DURING THE FINAL ILLNESS OF INFANTS		
3D190	Was the child born smaller than normal, weighing under 2.5 kg?	YES NO DON'T KNOW
3D210	How many weeks was the pregnancy when the baby was born?	NUMBER OF WEEKS DON'T KNOW
3D390	Did the child have bulging of the fontanelle?	YES NO DON'T KNOW
3D400	Did the child have a sunken fontanelle?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 8. SYMPTOMS NOTED DURING THE FINAL ILLNESS FOR ALL CHILDREN		
3D220	Did the child have any noticeable malformation?	YES NO DON'T KNOW
3D240	+ Did the child have a swelling or defect on the back?	YES NO DON'T KNOW
3D250	+ Did the child have a very large head?	YES NO DON'T KNOW
3D260	+ Did the child have a very small head?	YES NO DON'T KNOW
3B100	Did s/he have a fever?	YES NO DON'T KNOW
3B110	+ For how long did s/he have a fever?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B120	+ Did s/he have night sweats?	YES NO DON'T KNOW
3B130	Did s/he have a cough?	YES NO DON'T KNOW
3B140	+ For how long did s/he have a cough?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B170	+ Did s/he make a whooping sound when coughing?	YES NO DON'T KNOW
3B150	+ Was the cough productive with sputum?	YES NO DON'T KNOW
3B160	+ Did s/he cough out blood?	YES NO DON'T KNOW
3B180	Did s/he have any breathing problem?	YES NO DON'T KNOW
3B190	+ Did s/he have fast breathing?	YES NO DON'T KNOW
3B200	+ + For how long did s/he have fast breathing?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B210	+ Did s/he have breathlessness?	YES NO DON'T KNOW
3B220	+ + For how long did s/he have breathlessness?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B230	+ + Was s/he unable to carry out daily routine activities due to + + breathlessness?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3B240	+ + Was s/he breathless while lying flat?	YES NO DON'T KNOW
3B250	+ Did you see the lower chest wall/ribs be pulled in as the child + breathed?	YES NO DON'T KNOW
3B260	+ Did s/he have noisy breathing (grunting or wheezing)? + DEMONSTRATE	YES NO DON'T KNOW
3B270	Did s/he have severe chest pain?	YES NO DON'T KNOW
3B280	Did s/he have diarrhoea?	YES NO DON'T KNOW
3B290	+ For how long did s/he have diarrhoea?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B300	+ At any time during the final illness was there blood in the stools?	YES NO DON'T KNOW
3B310	Did s/he vomit?	YES NO DON'T KNOW
3B320	+ Did s/he vomit "coffee grounds" or bright red/blood?	YES NO DON'T KNOW
3B330	Did s/he have any abdominal problem?	YES NO DON'T KNOW
3B340	+ Did s/he have severe abdominal pain?	YES NO DON'T KNOW
3B350	+ + For how long before death did s/he have severe abdominal + + pain?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B360	+ Did s/he have a more than usual protruding abdomen?	YES NO DON'T KNOW
3B370	+ + For how long did s/he have a more than usual protruding + + abdomen?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B380	+ Did s/he have any lump inside the abdomen?	YES NO DON'T KNOW
3B390	+ + For how long did s/he have the lump inside the abdomen?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B400	Did s/he have a severe headache?	YES NO DON'T KNOW
3B405	Did s/he have a stiff or painful neck?	YES NO DON'T KNOW
3B410	+ For how long did s/he have a stiff or painful neck?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B420	Did s/he have mental confusion?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3B430	+ For how long did s/he have mental confusion?	NUMBER OF DAYS NUMBER OF MONTHS DON'T KNOW
3B440	Was s/he unconscious for more than 24 hours?	YES NO DON'T KNOW
3B450	+ Did the unconsciousness start suddenly, quickly (at least within + a single day)?	YES NO DON'T KNOW
3B460	Did s/he have convulsions?	YES NO DON'T KNOW
3B470	+ For how long did s/he have convulsions?	NUMBER OF MINUTES DON'T KNOW
3B480	+ Did s/he became unconscious immediately after the convulsion?	YES NO DON'T KNOW
3B490	Did s/he have any urine problems?	YES NO DON'T KNOW
3B500	+ Did s/he pass no urine at all?	YES NO DON'T KNOW
3B510	+ Did s/he go to urinate more often than usual?	YES NO DON'T KNOW
3B520	+ During the final illness did s/he ever pass blood in the urine?	YES NO DON'T KNOW
3B530	Did s/he have any skin problems?	YES NO DON'T KNOW
3B540	+ Did s/he have any ulcers, abscess or sores + anywhere except on the feet?	YES NO DON'T KNOW
3B550	+ Did (s)he have any ulcers, abscess or sores on the feet + that were not also on other parts of the body?	YES NO DON'T KNOW
3B560	+ During the illness that led to death, did s/he have any skin rash?	YES NO DON'T KNOW
3B570	+ + For how long did s/he have the skin rash?	NUMBER OF DAYS NUMBER OF WEEKS DON'T KNOW
3B580	+ + Did s/he have measles rash?	YES NO DON'T KNOW
3B590	+ + Did s/he ever have shingles/herpes zoster?	YES NO DON'T KNOW
3B600	Did s/he have bleeding from the nose, mouth, or anus?	YES NO DON'T KNOW
3B610	Did s/he have noticeable weight loss?	YES NO DON'T KNOW
3B620	+ Was s/he severely thin or wasted?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3B630	Did s/he have mouth sores or white patches in the mouth or on the tongue?	YES NO DON'T KNOW
3B640	Did s/he have stiffness of the whole body or was unable to open the mouth?	YES NO DON'T KNOW
3B650	Did s/he have swelling (puffiness) of the face?	YES NO DON'T KNOW
3B660	Did s/he have both feet swollen?	YES NO DON'T KNOW
3B670	Did s/he have any lumps?	YES NO DON'T KNOW
3B680	+ Did s/he have a lumps or lesions in the mouth?	YES NO DON'T KNOW
3B690	+ Did s/he have any lumps on the neck?	YES NO DON'T KNOW
3B700	+ Did s/he have any lumps on the armpit?	YES NO DON'T KNOW
3B710	+ Did s/he have any lumps on the groin?	YES NO DON'T KNOW
3B730	Did s/he have paralysis of one side of the body?	YES NO DON'T KNOW
3B740	Did s/he have difficulty or pain while swallowing liquids?	YES NO DON'T KNOW
3B750	Did s/he have yellow discoloration of the eyes?	YES NO DON'T KNOW
3B760	Did her/his hair colour change to reddish or yellowish? .	YES NO DON'T KNOW
3B770	Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?	YES NO DON'T KNOW
3B780	Did s/he have sunken eyes?	YES NO DON'T KNOW
3D270	Was the child not growing normally?	YES NO DON'T KNOW
3B790	Did (s)he drink a lot more water than usual?	YES NO DON'T KNOW
	CHECK QUESTIONS 1A110, 1A240 AND 1A250 FOR SEX AND AGE AT DEATH: IF FEMALE BETWEEN 15 - 49 YEARS ☐ ↓ IF MALE OR FEMALE UNDER 5 YEARS ☐ → JUMP TO SECTION 10	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 9. SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY(ask3C100,3C110,3C120 and probe further)		
3C100	Was she neither pregnant, nor delivered, within 6 weeks of her death? (probe as much as possible) **OR**	YES skip pregnancy section if YES NO DON'T KNOW
3C110	Was she pregnant at the time of death? (Probe as much as possible) if yes switch to maternal verbal autopsy instrument **OR**	YES NO DON'T KNOW
3C120	Did she die within 6 weeks of giving birth? (probe as much as possible)) if yes switch to maternal verbal autopsy instrument **OR**	YES NO DON'T KNOW
3C130	Did she die within 6 weeks of a pregnancy that lasted less than 6 months? (probe as much as possible)) if yes switch to maternal verbal autopsy instrument	YES NO DON'T KNOW
3C200	+ Did she die within 24 hours after delivery?	YES NO DON'T KNOW
3C210	+ Did she die during labour, but undelivered?	YES NO DON'T KNOW
3C220	+ Was she breastfeeding at death?	YES NO DON'T KNOW
3C230	+ How many births, including stillbirths, did she have + before this baby?	NUMBER OF BIRTHS/STILLBIRTHS DON'T KNOW
3C240	+ Did she have any previous C-section?	YES NO DON'T KNOW
3C250	+ Did she die during or after a multiple pregnancy?	YES NO DON'T KNOW
3C260	+ During pregnancy, did she suffer from high blood pressure?	YES NO DON'T KNOW
3C270	+ Did she have foul smelling vaginal discharge during pregnancy + or after delivery?	YES NO DON'T KNOW
3C280	+ During the last 3 months of pregnancy, did she suffer from + convulsions?	YES NO DON'T KNOW
3C290	+ During the last 3 months of pregnancy, did she suffer from + blurred vision?	YES NO DON'T KNOW
3C300	+ Did she give birth to a live, healthy baby within 6 weeks of death?	YES NO DON'T KNOW
3C310	+ Was there any vaginal bleeding during pregnancy or + after delivery?	YES NO DON'T KNOW
3C320	+ + Was there vaginal bleeding during the first 6 moths + + of pregnancy?	YES NO DON'T KNOW
3C330	+ + Was there vaginal bleeding during the last 3 months of + + pregnancy but before labour started?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3C340	+ + Was there excessive vaginal bleeding during labour?	YES NO DON'T KNOW
3C350	+ + Was there excessive vaginal bleeding after delivering the baby?	YES NO DON'T KNOW
3C360	+ Was the placenta not completely delivered?	YES NO DON'T KNOW
3C365	+ Did she deliver or try to deliver an abnormally positioned baby?	YES NO DON'T KNOW
3C370	+ Was she in labour for unusually long (more than 24 hours)?	YES NO DON'T KNOW
3C380	Did she attempt to terminate the pregnancy?	YES NO DON'T KNOW
3C390	+ Did she recently have a pregnancy that ended in + an abortion (spontaneous or induced)?	YES NO DON'T KNOW
3C400	+ Did she give birth in a health facility?	YES NO DON'T KNOW
3C410	+ Did she give birth at home?	YES NO DON'T KNOW
3C420	Did she give birth elsewhere, e.g. on the way to a facility?	YES NO DON'T KNOW
3C430	+ Did she receive professional assistance for the delivery?	YES NO DON'T KNOW
3C440	+ Did she have an operation to remove her uterus shortly + before death?	YES NO DON'T KNOW
3C450	+ Did she have a normal vaginal delivery?	YES NO DON'T KNOW
3C460	+ Did she have an assisted delivery, with forceps/vacuum?	YES NO DON'T KNOW
3C470	+ Was it a delivery with caesarean section?	YES NO DON'T KNOW
3C480	+ Was the baby born more than one month early?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 10. TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS		
3G100	Was s/he adequately vaccinated?	YES NO DON'T KNOW
3G110	Did s/he receive any treatment for the illness that led to death?	YES NO DON'T KNOW
3G120	+ Did s/he receive oral rehydration salts?	YES NO DON'T KNOW
3G130	+ Did s/he receive (or needed) intravenous fluids (drip) treatment?	YES NO DON'T KNOW
3G140	+ Did s/he receive (or needed) a blood transfusion?	YES NO DON'T KNOW
3G150	+ Did s/he receive (or needed) treatment/food through a tube passed + through the nose?	YES NO DON'T KNOW
3G160	+ Did s/he receive (or needed) injectable (IV or IM) antibiotics?	YES NO DON'T KNOW
3G170	+ Did s/he have (or needed) an operation for the illness?	YES NO DON'T KNOW
3G180	+ + Did s/he have the operation within 1 month before death?	YES NO DON'T KNOW
3G190	+ Was s/he discharged from the hospital very ill?	YES NO DON'T KNOW
SECTION 11. BACKGROUND		
4A100	In the final days before death, did s/he travel to a hospital or health facility?	YES NO DON'T KNOW
4A110	+ Did s/he use motorised transport to get to the hospital or + health facility?	YES NO DON'T KNOW
4A120	+ Were there any problems during admission to the hospital or + health facility?	YES NO DON'T KNOW
4A130	+ Were there any problems with the way (s)he was treated (medical treatment, + procedures, inter-personal attitudes, respect, dignity) in the + hospital or health facility?	YES NO DON'T KNOW
4A140	+ Were there any problems getting medications, or diagnostic tests + in the hospital or health facility?	YES NO DON'T KNOW
4A150	Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?	YES NO DON'T KNOW
4A160	In the final days before death, were there any doubts about whether medical care was needed?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
4A170	In the final days before death, was traditional medicine used?	YES NO DON'T KNOW
4A180	In the final days before death, did anyone use a telephone or cell phone to call for help?	YES NO DON'T KNOW
4A190	Over the course of illness, did the total costs of care and treatment prohibit other household payments?	YES NO DON'T KNOW

5A100

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

Verbal Autopsy Review & Analysis(By Nurse undertaking verbal Autopsy)

Cause of death (tick all the three sections)

Section1: Period of death	**Section 2: cause of death**	**Section 3: underlying cause of death**
Neonatal☐ Post neonatal☐ 12-59months☐ WRA ☐	-Low birth weight ☐ -Convulsions and disorders of cerebral status☐ -Respiratory and cardiovascular disorders ☐ -Malaria☐ -Pnemonia ☐ -Dysentry☐ -Cholera☐ -Menengitis☐ -Rabies☐ -Domestic Violence ☐ -Murder -Accidents ☐ - HIV related complications ☐ -TB ☐ -Cancer☐ -Unknown cause ☐ -Other specify……………………	

Any other modifiable factors

	Delays	Factors	Remarks / comments
	Failure to recognize (1st delay)	Failure to recognise danger signs ☐ Ignorance of available services ☐ Cultural/Religious /objections ☐ Illiteracy ☐	Poverty ☐ High cost of treatment ☐ Other ☐specify…………
	Recognizes but delay in seeking medical services(second delay)	Ignorance of available services ☐ Cultural beliefs/myths	Poverty ☐ High cost of treatment ☐ Illiteracy ☐ Other ☐specify…………

		☐ Religious /objections ☐	
	Access to skilled attendance 3rd delay)	• Lack of transport from home to health • care facility ☐ • Lack of transport between health care facilities ☐ • Lack of communication ☐	• Long distances ☐ • Poor roads ☐ • Other, specify _☐_______
	Quality of care (4th delay)	• Lack or inadequate resuscitation equipment ☐ • Lack of proper infrastructure (e.g. resuscitation area and source of warmth) ☐ • Lack of proper infection prevention and control practices ☐ • Inadequate provider skills ☐	• Lack of blood and blood products for transfusion ☐ • Lack of emergency/essential drugs (e.g. antibiotics, oxytocics, anticonvulsants) ☐ • Staff shortage ☐ • Others ☐ Specify_______________

Comments on potential avoidable factors, missed opportunities and substandard care

Was the Death Avoidable at the following levels?

Community Yes ☐ No ☐
Facility Yes ☐ No ☐

Completed by:

Name			Designation	
Telephone			E-mail	
Date			Signature	

Verbal Autopsy Review & Analysis(By supervisor(SCRHC/SCMOH)

Cause of death (tick all the three sections)

Section1: Period of death	**Section 2: cause of death**	**Section 3: underlying cause of death**
Neonatal☐ Post neonatal☐ 12-59 months☐ Unknown ☐	Low birth weight ☐ -Convulsions and disorders of cerebral status☐ -Respiratory and cardiovascular disorders ☐ -Malaria☐ -Pnemonia ☐ -Dysentry☐ -Cholera☐ -Menengitis☐ -Rabies☐ -Domestic Violence ☐ -Murder -Accidents ☐ - HIV related complications ☐ -TB ☐ -Cancer☐ -Unknown cause ☐ -Other specify……………………	

Any other modifiable factors

	Delays	Factors	Remarks / comments
	Failure to recognize (1st delay)	Failure to recognise danger signs ☐ Ignorance of available services ☐ Cultural/Religious /objections ☐ Illiteracy	Poverty ☐ High cost of treatment ☐ Other ☐specify…………

		☐	
	Recognizes but delay in seeking medical services(second delay)	Ignorance of available services ☐ Cultural beliefs/myths ☐ Religious /objections ☐	Poverty ☐ High cost of treatment ☐ Illiteracy ☐ Other ☐specify…………
	Access to skilled attendance 3rd delay)	• Lack of transport from home to health • care facility ☐ • Lack of transport between health care facilities ☐ • Lack of communication ☐	• Long distances ☐ • Poor roads ☐ • Other, specify _☐________
	Quality of care (4th delay)	• Lack or inadequate resuscitation equipment ☐ • Lack of proper infrastructure (e.g. resuscitation area and source of warmth) ☐ • Lack of proper infection prevention and control practices ☐ • Inadequate provider skills ☐	• Lack of blood and blood products for transfusion ☐ • Lack of emergency/essential drugs (e.g. antibiotics, oxytocics, anticonvulsants) ☐ • Staff shortage ☐ • Others ☐ Specify_______________

Comments on potential avoidable factors, missed opportunities and substandard care

Was the Death Avoidable at the following levels?

Community Yes ☐ No ☐
Facility Yes ☐ No ☐

Supervisor's Comments (to be filled by SCRHC,SCMOH,OR SCCO)

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………
………
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Action points by facility (If facility-based death)

Action points	***Name of Responsible Officer***	***Time frame***
Immediate: ***1.*** ***2.*** ***3.***		
Intermediate ***1.*** ***2.*** ***3.***		
Long term ***1.*** ***2.*** ***3.***		

Verbal Autopsy Reviewed by:

Name		Designation	
Telephone		E-mail	
Date		Signature	