

Study ID#

Village/Cluster				HH		Child			

**CHILD HEALTH EPIDEMIOLOGY REFERENCE GROUP  
SB/NN/CHILD VERBAL/SOCIAL AUTOPSY QUESTIONNAIRE**

**VERBAL/SOCIAL AUTOPSY GENERAL INFORMATION (FOR SBs, NN & CHILD DEATHS 0—59 MONTHS OLD)**

**Section 1: Background about the deceased**

*Interviewer: Before going to the field to do the interview, fill in this section from the survey or surveillance record for the deceased.*

G1.1	Address of the household <i>[Copy the household address]</i>	State _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																								
	Directions to the household <i>[Copy the directions to the household]</i>	LGA _____																									
		Locality _____																									
		EA _____																									
G1.2	Name of the deceased (if known) <i>[Copy the name of the deceased]</i>																										
G1.3	Sex of deceased <i>[Copy the sex of the deceased]</i>	1. Male 2. Female	<input type="checkbox"/>																								
G1.4	Date of birth of the deceased <i>[Copy the day, month and year of birth of the deceased]</i>	<table style="margin: auto;"> <tr> <td style="border: none;">_</td><td style="border: none;">/</td><td style="border: none;">_</td><td style="border: none;">/</td><td style="border: none;">_</td><td style="border: none;">_</td><td style="border: none;">_</td><td style="border: none;">_</td> </tr> <tr> <td style="border: none;">D</td><td style="border: none;">D</td><td style="border: none;">M</td><td style="border: none;">M</td><td style="border: none;">Y</td><td style="border: none;">Y</td><td style="border: none;">Y</td><td style="border: none;">Y</td> </tr> <tr> <td colspan="8" style="border: none; text-align: center;">(DK = 99/99/9999)</td> </tr> </table>		_	/	_	/	_	_	_	_	D	D	M	M	Y	Y	Y	Y	(DK = 99/99/9999)							
_	/	_	/	_	_	_	_																				
D	D	M	M	Y	Y	Y	Y																				
(DK = 99/99/9999)																											
G1.5	Date of death of the deceased <i>[Copy the day, month and year of death of the deceased]</i>	<table style="margin: auto;"> <tr> <td style="border: none;">_</td><td style="border: none;">/</td><td style="border: none;">_</td><td style="border: none;">/</td><td style="border: none;">_</td><td style="border: none;">_</td><td style="border: none;">_</td><td style="border: none;">_</td> </tr> <tr> <td style="border: none;">D</td><td style="border: none;">D</td><td style="border: none;">M</td><td style="border: none;">M</td><td style="border: none;">Y</td><td style="border: none;">Y</td><td style="border: none;">Y</td><td style="border: none;">Y</td> </tr> <tr> <td colspan="8" style="border: none; text-align: center;">(DK = 99/99/9999)</td> </tr> </table>		_	/	_	/	_	_	_	_	D	D	M	M	Y	Y	Y	Y	(DK = 99/99/9999)							
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D	D	M	M	Y	Y	Y	Y																				
(DK = 99/99/9999)																											
G1.6	Last known age of the deceased <i>[Copy the last known age of the deceased: Record days if less than 28 days—if less than 24 hours, record "00" days; Record months if 28 days-11 months; Record years if 1 year or older.]</i>	_____ Days: <b>1 or more</b> → <b>GQ1.7</b> (DK = 99)																									
		_____ Months → <b>GQ1.7</b> (DK = 99)																									
		_____ Years → <b>GQ1.7</b> (DK = 99)																									
G1.6.1	Was this a stillbirth or neonatal death? <i>[Copy this information from the record]</i>	1. Stillbirth 2. Neonatal death 9. Not known from the record	<input type="checkbox"/>																								
G1.7	Name of mother <i>[Copy the name of the mother]</i>																										
G1.8	Name of father <i>[Copy the name of the father]</i>																										

**Section 2: Background about the interview**

*Interviewer: Before and after the interview, fill in this section. These questions should not be asked of the respondent.*

G2.1	Language of the interview																		
G2.2	Interviewer name and ID number	<input style="width: 100px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;"/> <input style="width: 20px; height: 20px; border: 1px solid black;"/> <input style="width: 20px; height: 20px; border: 1px solid black;"/> <input style="width: 20px; height: 20px; border: 1px solid black;"/> <input style="width: 20px; height: 20px; border: 1px solid black;"/>																	
G2.3	Dates of attempted and successful interviews	<b>DATE</b> <span style="float: right;"><b>RESULT OF THE INTERVIEW</b></span>																	
G2.3.1	Date of first interview attempt	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	<b>Interim result:</b> <input style="width: 20px; height: 20px; border: 1px solid black;"/>
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G2.3.2	Date of second interview attempt	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	<b>Interim result:</b> <input style="width: 20px; height: 20px; border: 1px solid black;"/>
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G2.3.3	Date of third interview attempt	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	<b>Interim result:</b> <input style="width: 20px; height: 20px; border: 1px solid black;"/>
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G2.4	Date interview started <i>[Equals date of the last attempt]</i>	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	
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G2.5	Time interview started <i>[Record hour 1-24 / minutes 1-60]</i>	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">H</td> <td style="text-align: center;">R</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> </tr> </table>					H	R	M	M									
H	R	M	M																
G2.6	Date interview finished <i>[Equals date started or a later date]</i>	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	<b>Final result:</b> <input style="width: 20px; height: 20px; border: 1px solid black;"/>
D	D	M	M	Y	Y	Y	Y												
G2.7	Time interview finished <i>[Record hour 1-24 / minutes 1-60]</i>	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">H</td> <td style="text-align: center;">R</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> </tr> </table>					H	R	M	M									
H	R	M	M																
<b>Interview result codes:</b> 1. Completed (Final result code) 2. Partially completed (Final result code) 3. Eligible respondent postponed interview 4. No eligible respondent at home at time of visit 5. Eligible respondent refused interview		6. No eligible respondent lives in household 7. No household member at home 8. Dwelling vacant / destroyed / not found 9. In progress (Interim result code) 10. Child reported dead in birth history is actually alive 11. Duplicate report of death – interview already conducted																	
G2.8	Date form checked by supervisor	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y												
G2.9	Date entered in computer	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y												

**INTERVIEW BEGINS**

*Instructions to interviewer: Introduce yourself and explain the purpose of your visit. Ask to speak to the mother or to another adult who was the deceased's main caregiver during the illness that led to death. If this is not possible, arrange a time to revisit the household when the caregiver will be home. (See example below.)*

"My name is [your name]. I am an interviewer with the \_\_\_\_\_ project. I have been informed that a child death has occurred in your household. I am very sorry to hear this. Please accept my sympathies. For the purpose of improving health care, we are collecting information on recent child deaths in this area. I would like to talk to the mother or main caregiver of <NAME> and ask some questions about the events and any symptoms that <NAME> had during her/his illness before death."

**Section 3: Consent**

**INTERVIEWER: Read the consent form to the respondent. Ask the respondent if he or she has any questions. Once any questions are answered, ask the respondent if he or she is willing to take part in the study.**

G3.1	<i>INTERVIEWER: Did respondent give consent?</i>	1. Yes 2. No	<input type="checkbox"/> 2 → <b>Thank respondent for their time and end the interview.</b>
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**Section 4: Information about the respondent**

*Read: I would now like to ask you some general questions about yourself.*

G4.1	What is your (the respondent's) name?		
G4.2	<i>INTERVIEWER: What is the sex of the respondent?</i>	1. Male 2. Female	<input type="checkbox"/>
G4.3	What is your relationship to the deceased child?	1. Mother 2. Father 3. Grandmother 4. Grandfather 5. Aunt 6. Uncle 7. Brother 8. Sister 9. Birth attendant ( <i>specify type</i> ) ..... 10. Other male ( <i>specify</i> )..... 11. Other female ( <i>specify</i> ).....	<input type="checkbox"/> <input type="checkbox"/>  _____ _____ _____
G4.4	How old are you?	____ Years (DK = 99)	
G4.5	Starting with the first year of primary school, how many years of school did you complete?	____ Years <b>&gt;6 years</b> (<1 = 00; DK = 99) → <b>GQ4.6</b>	
G4.5.1	Now I would like you to read this sentence to me. ( <i>Show card to respondent</i> )  <i>If she cannot read the whole sentence, probe: Can you read any part of the sentence to me?</i>	1. Cannot read at all 2. Able to read only part of sentence 3. Able to read whole sentence 4. No card available to show mother	<input type="checkbox"/>

*Read: I would now like to ask you some questions about (your / the family's) household. Please remember that all information will be kept confidential.*

*[Read "...the family's household." if you are not conducting the interview at the household where the death was identified.]*

G4.6	How many people live at (this / that) household?  <i>[Read "...at that address?" if you are speaking of "the family's household."]</i>	____ People (DK = 99)
G4.7	How many sleeping rooms are in the household?	____ Rooms (DK = 99)
G4.8	Does the household have a separate room for cooking?	1. Yes 2. No 9. Don't know  <input type="checkbox"/>

Study ID#

Village/Cluster				HH		Child			

**CHILD HEALTH EPIDEMIOLOGY REFERENCE GROUP  
SB/NN/CHILD VERBAL/SOCIAL AUTOPSY QUESTIONNAIRE**

G4.9	<p>Does the household have:</p> <p><i>[Ask about each possession, and mark each one "Yes," "No" or "Don't know."]</i></p>	<p><u>Does the household have:</u></p> <p>1. electricity?.....</p> <p>2. a radio?.....</p> <p>3. a television?.....</p> <p>4. a refrigerator?.....</p> <p>5. a fixed line telephone?.....</p> <p><u>Does it have:</u></p> <p>6. a mobile telephone? .....</p> <p>7. a computer?.....</p> <p>8. a bicycle?.....</p> <p>9. a car or truck?.....</p> <p><u>Does the household have:</u></p> <p>10.piped water inside the residence? .....</p> <p>11.piped water outside the residence? .....</p> <p>12.a well (protected or unprotected)? .....</p> <p>13.a water vendor, water supplied by truck or bottled water? .....</p> <p>14.surface water? .....</p>	<table border="0"> <tr> <td style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>No</u></td> <td style="text-align: center;"><u>DK</u></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> <tr> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> <td>9. <input type="checkbox"/></td> </tr> </table>	<u>Yes</u>	<u>No</u>	<u>DK</u>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	9. <input type="checkbox"/>
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G4.10	<p>What type of toilet does the household have?</p>	<p>1. Flush toilet</p> <p>2. Improved pit toilet</p> <p>3. Traditional pit toilet</p> <p>4. Bush/field/beach</p> <p>5. Other (<i>specify</i>).....</p> <p>9. Don't know</p>	<div style="text-align: center;"><input type="checkbox"/></div> <hr/>																																										
G4.11	<p>What is the main kind of energy the household uses for cooking?</p>	<p>1. Charcoal</p> <p>2. Firewood</p> <p>3. Kerosene</p> <p>4. Electricity</p> <p>5. Gas</p> <p>6. Cow dung</p> <p>7. Other (<i>specify</i>).....</p> <p>9. Don't know</p>	<div style="text-align: center;"><input type="checkbox"/></div> <hr/>																																										
G4.12	<p>What is the main material used for the floor of the house?</p> <p><i>[If you are able to observe the floor, then mark the correct answer and do not ask this question.]</i></p>	<p>1. Natural/mud</p> <p>2. Cement</p> <p>3. Wood</p> <p>4. Tiles</p> <p>5. Other (<i>specify</i>).....</p> <p>9. Don't know</p>	<div style="text-align: center;"><input type="checkbox"/></div> <hr/>																																										

**Section 5: Information about others at the interview**

G5.7	INTERVIEWER: Are there other people present during the interview?	1. Yes 2. No	<input type="checkbox"/> 2 → GQ5.9
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G5.8	INTERVIEWER: In addition to the respondent, how many people are present during the interview?	____ Other people (DK = 99)
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G5.9 INTERVIEWER: Mark the respondent in the below table and whether s/he was present during the child's illness and/or death. For each other person present at the interview, ask the respondent their relationship to the deceased and whether they were present during the child's illness and/or at the death. For stillbirths and neonatal deaths, also ask if each person (other than the mother) was present during the mother's pregnancy and delivery.

	Relationship of person to the deceased child	Mark (X) if present at the interview	Stillbirths and neonatal deaths only		Neonatal & older child deaths only	
			Present during the pregnancy: 1. Yes / 2. No	Present at the delivery: 1. Yes / 2. No	Present during child's illness: 1. Yes / 2. No	Present at the child's death: 1. Yes / 2. No
.1	Mother	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
.2	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.3	Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.4	Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.5	Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.6	Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.7	Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.8	Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.9	Traditional birth attendant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.10	Other male (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.11	Other female (specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>