

Village/Cluster				HH		Child			

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 [Copy the household address]	State _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		LGA _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Locality _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		EA _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Directions to the household [Copy the directions to the household]		
G1.2	Name of the deceased (if known) [Copy the name of the deceased]		
G1.3	Sex of deceased [Copy the sex of the deceased]	1. Male 2. Female	<input type="checkbox"/>
G1.4	Date of birth of the deceased [Copy the day, month and year of birth of the deceased]	<div style="text-align: center;"> ____/____/____ D D M M Y Y Y Y (DK = 99/99/9999) </div>	
G1.5	Date of death of the deceased [Copy the day, month and year of death of the deceased]	<div style="text-align: center;"> ____/____/____ (DK = 99/99/9999) </div>	
G1.6	Last known age of the deceased [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.]	____ Days: 1 or more → GQ1.7 (DK = 99)	
		____ Months → GQ1.7 (DK = 99)	
		____ Years → GQ1.7 (DK = 99)	
G1.6.1	Was this a stillbirth or neonatal death? [Copy this information from the record]	1. Stillbirth 2. Neonatal death 9. Not known from the record	<input type="checkbox"/>
G1.7	Name of mother [Copy the name of the mother]		
G1.8	Name of father [Copy the name of the father]		

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 type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
G2.3	Dates of attempted and successful interviews	DATE	RESULT OF THE INTERVIEW
G2.3.1	Date of first interview attempt	<div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> D D M M Y Y Y Y </div>	Interim result: <input type="checkbox"/>
G2.3.2	Date of second interview attempt	<div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> D D M M Y Y Y Y </div>	Interim result: <input type="checkbox"/>
G2.3.3	Date of third interview attempt	<div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> D D M M Y Y Y Y </div>	Interim result: <input type="checkbox"/>
G2.4	Date interview started [Equals date of the last attempt]	<div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> D D M M Y Y Y Y </div>	
G2.5	Time interview started [Record hour 1-24 / minutes 1-60]	<div> <div></div><div></div> <div>/</div> <div></div><div></div><div></div><div></div> </div> <div> H R M M </div>	
G2.6	Date interview finished [Equals date started or a later date]	<div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> D D M M Y Y Y Y </div>	Final result: <input type="checkbox"/>
G2.7	Time interview finished [Record hour 1-24 / minutes 1-60]	<div> <div></div><div></div> <div>/</div> <div></div><div></div><div></div><div></div> </div> <div> H R M M </div>	
	Interview result codes: 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	<div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> D D M M Y Y Y Y </div>	
G2.9	Date entered in computer	<div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div> <div>/</div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> D D M M Y Y Y Y </div>	

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."

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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	INTERVIEWER: Did respondent give consent?	1. Yes 2. No	<input type="checkbox"/> 2 → Thank respondent for their time and end the interview.
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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	INTERVIEWER: What is the sex of the respondent?	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 (specify type) 10. Other male (specify)..... 11. Other female (specify).....	<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 >6 years (<1 = 00; DK = 99) → GQ4.6	
G4.5.1	Now I would like you to read this sentence to me. (Show card to respondent) If she cannot read the whole sentence, probe: Can you read any part of the sentence to me?	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? [Read "...at that address?" if you are speaking of "the family's household."]	____ 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

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

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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	
G5.8	INTERVIEWER: In addition to the respondent, how many people are present during the interview?				____ Other people (DK = 99)	
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"/>