

**AFRICAN POPULATION AND HEALTH RESEARCH CENTRE
NAIROBI SLUM DEMOGRAPHIC SURVEILLANCE SYSTEM
VERBAL AUTOPSY QUESTIONNAIRE**

A. BACKGROUND

(GET AND CONFIRM RESPONSES FOR A.3 TO A.10 FROM DEATH REGISTRATION FORM)

A.1 START TIME

A.2 FIELD WORKER'S CODE

A.3 DATE OF INTERVIEW

A.4. NAME OF DECEASED PERSON _____

A.5 ID OF DECEASED PERSON

A.6 HOUSEHOLD ID

A.7. DATE OF BIRTH FOR DECEASED PERSON

A.8. DATE OF DEATH

A.9. GENDER OF DECEASED PERSON (F=FEMALE; M=MALE)

A.10. ID OF ROOM WHERE THE DECEASED USED TO SLEEP

B. RESPONDENT'S PARTICULARS

B.1 RESPONDENT'S NAME _____

B.2 RESPONDENT'S ID

B.3 WAS THE RESPONDENT TAKING CARE OF THE DECEASED AT THE TIME OF (NAME'S) ILLNESS OR (NAME)'S DEATH?
(1=YES, THROUGHOUT ILLNESS DURATION; 2=YES, FOR PART OF THE ILLNESS DURATION; 3=NO)

B.4 RESPONDENT'S RELATIONSHIP TO DECEASED (GET CODE FROM ¹) (OTH _____)

C. OFFICE/FIELD CHECK DETAILS

C.1 FS CODE & CHECK DATE

C.2 OFFICE CODE & CHECK DATE

¹ **RELATIONSHIPS:** AUN= AUNT; BIL=BROTHER-IN-LAW; BRO= BROTHER; CHD = CHILD; COU=COUSIN; CWF = CO-WIFE; DIL = DAUGHTER-IN-LAW; GCH = GRAND CHILD; GDP = GRAND PARENT; HUS = HUSBAND; NEP= NEPHEW; NIE=NIECE; NRL = NOT RELATED; PAR = PARENT; PIL = PARENT-IN-LAW; SIL=SISTER-IN-LAW; SIS=SISTER; SOL= SON-IN-LAW; STP=STEP CHILD; UNC=UNCLE; UNK = UNKNOWN RELATION; WIF = WIFE; STA= STEP PARENT; OTH = OTHER (SPECIFY _____)

NOTE: THROUGHOUT THIS QUESTIONNAIRE USE "Y" FOR YES; "N" FOR NO, AND "D" FOR DON'T KNOW FOR ALL QUESTIONS REQUIRING YES-NO-DONT KNOW RESPONSES

1.5 FOR HOW LONG WAS (NAME OF DECEASED PERSON) ILL BEFORE HE/SHE DIED?
(RECORD D=DAYS, M=MONTHS, Y=YEARS IN 1ST BOX AND DURATION IN LAST 2 BOXES)

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1.6 WAS HEALTH CARE SOUGHT WHILE (NAME OF DECEASED PERSON) WAS SICK?
 GO TO Q. 1.8 IF THE ANSWER IS "N" OR "D"8

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1.7. WAS CARE SOUGHT IN ANY OF THE FOLLOWING HEALTH PROVIDERS/FACILITIES?

- A. GOVERNMENT HOSPITAL.....
- B. GOVERNMENT HEALTH CENTER/CLINIC(INCLUDING CITY COUNCIL CLINICS).....
- c. PRIVATE HEALTH CENTER/CLINIC.....
- d. TRADITIONAL HEALER.....
- e. RELIGIOUS HEALER.....
- f. PHARMACY/DRUG SELLER/STORE/MARKET.....
- g. NGO/RELIGIOUS HEALTH CENTER.....
- h. OTHER (SPECIFY _____)

1.8 DID (NAME) HAVE AN ILLNESS OR AN INJURY AROUND THE TIME S/HE DIED?
(ILLNESS=1, INJURY=2, BOTH=3). SKIP TO Q. 1.10 IF THE ANSWER IS 2

1.9 WHAT DO YOU THINK WAS THE ILLNESS?

- A. AIDS/HIV.....
- B. CHOLERA.....
- C. DYSENTRY.....
- D. DIARHOEA.....
- E. KWASHIOKOR.....
- F. MALARIA.....
- G. MARASMUS.....
- H. MEASLES.....
- I. PNEUMONIA.....
- J. TETANUS.....
- K. TYPHOID.....
- L. TUBERCULOSIS (TB)
- M. OTHER (SPECIFY _____)

(I.F. Q1.8=1, GO TO Q1.11)

1.10 WHAT WAS THE NATURE OF THE INJURY?
 (READ OUT ALL OPTIONS: Y= YES; N= NO, D=DON'T KNOW)

- a. VEHICLE ACCIDENT.....
- b. FALL.....
- c. DROWNING.....
- d. POISONING.....
- e. ALCOHOL/DRUG OVERDOSE.....
- f. SHOOTING.....
- g. BITE OR STING BY VENOMOUS ANIMALS.....
- h. BURN (SCALD/FLAME)
- i. STRANGULATION
- j. OTHER (Specify_____)

1.11. WHAT WAS THE MOST IMMEDIATE CAUSE OF DEATH (IN Q.1.9 or 1.10)?

[RECORD THE QUESTION NUMBER AND LETTER FOR THE IMMEDIATE CAUSE]

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1.12. HOW LONG DID THE DECEASED SURVIVE THE IMMEDIATE CAUSE ABOVE (Q1.11) BEFORE DEATH?
 (1=LESS THAN 24 HOURS; 2=1 DAY OR MORE; 8=DK) **SKIP TO SECTION 5 IF Q1.8=2 AND Q1.12=1**

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IF DEATH OCCURRED AT AGE 5 YEARS OR OLDER → GO TO SECTION 3

SECTION 2: FOR ALL DEATHS UNDER FIVE YEARS OF AGE

A: BIRTH CIRCUMSTANCES (FOR ALL DEATHS UNDER ONE YEAR; OTHERWISE SKIP TP Q 2.14)

2.1 WAS THE CHILD A SINGLETON OR MULTIPLE BIRTH? (SINGLE=1; MULTIPLE BIRTH=2)

2.2 DID THE PREGNANCY END EARLY, ON TIME, OR LATE? (EARLY=1; ON TIME=2; LATE=3)

2.3 WAS THE PREGNANCY COMPLICATED? (YES=Y. NO=N, DON'T KNOW=D)
 IF YES, AT WHAT STAGE ? (IF ANSWER IS N OR D SKIP TO Q 2.5)

A. YES, FROM 20 WEEKS ONWARDS.....

B. YES, DURING LABOR.....

C. YES, DURING/AFTER DELIVERY.....

2.4 IF YES, DID ANY OF THE FOLLOWING COMPLICATIONS OCCUR? (READ OUT EACH OF THE ITEMS)

A. MOTHER HAD CONVULSIONS/ FITS.....

B. CHILD'S FEET/BUTTOCKS DELIVERED FIRST.....

C. THERE WAS EXCESSIVE BLEEDING DURING PREGNANCY OR DELIVERY.....

D. EMERGENCY CAESAREAN SECTION WAS DONE.....

E. WATER BROKE MANY HOURS OR DAYS BEFORE LABOR BEGAN.....

F. LABOR WAS LONG (> 24 HOURS FOR FIRST-TIMERS AND > 8-10 HOURS FOR REPEATERS)

2.15 IF THE ANSWER TO Q. 2.14I WAS YES ('Y), HOW MANY DAYS DID THE COUGH LAST?
(IN DAYS, 21=21AND +, 88=DK)

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- a. WAS IT PRODUCTIVE OF YELLOWISH SPUTUM?.....
- b. DID HE/SHE COUGH BLOOD?.....
- c. DID HE/SHE HAVE NIGHT SWEATS?.....
- d. DID THE CHILD HAVE SHORTNESS OF BREATH?.....
- e. DID THE CHILD HAVE CHEST PAIN?

2.16 DID THE CHILD HAVE DIARRHOEA (USE LOCAL TERM FOR DIARRHOEA) OR LOOSE STOOL?
(IF ANSWER IS 'N'=N OR D=DK, GO TO Q 2.17)

- a. FOR HOW MANY DAYS DID SHE/HE HAVE THE DIARRHOEA? (IN DAYS, 21=21AND +, 88=DK)
- b. WAS THERE VISIBLE BLOOD IN THE LOOSE/LIQUID STOOLS?
- c. DURING THE TIME WITH LOOSE/LIQUID STOOLS, DID THE CHILD DRINK ORS?.....

2.17 WAS THERE A HARD SWELLING IN THE ARMPITS OF THE CHILD?
(IF ANSWER IS 'N'=N OR D=DK, GO TO Q 2.18)

- a. WAS THIS SWELLING SEEN IN THE GROIN?

2.18 DID THE CHILD HAVE FEVER (IF ANSWER IS 'N'=N OR D=DK, GO TO Q 2.19)

- a. HOW MANY DAYS DID THE FEVER LAST?(IN DAYS, 21=21AND +, 88=DK)

2.19 DID THE CHILD HAVE SPASMS OR CONVULSIONS/FITS?
(IF ANSWER IS "N=NO" OR "D=DK" GO TO Q. 2.20)

- a. WHAT ABOUT UNRESPONSIVENESS/UNCONSCIOUS?.....

2.20 DID HE/SHE STOP BEING ABLE TO RESPOND TO A VOICE
(IF ANSWER IS "N=NO" OR "D=DK" GO TO Q2.21)

a. HOW LONG BEFORE SHE/HE DIED DID THE CHILD STOP BEING ABLE TO RESPOND TO VOICE?
(1=LESS THAN 12 HOURS; 2=12 HOURS OR MORE; 8=DK)

2.21 DID HE/SHE STOP BEING ABLE TO FOLLOW MOVEMENTS WITH HIS/HER EYES
(IF ANSWER IS "N=NO" OR "D=DK" GO TO Q.2.22)

a. HOW LONG BEFORE SHE/HE DIED DID THE CHILD STOP BEING ABLE TO FOLLOW MOVMENTS WITH HIS/HER EYES? (1=LESS THAN 12 HOURS; 2=12 HOURS OR MORE; 8=DK)

2.22 DID THE CHILD DEVELOP STIFF NECK?

2.23 DID HE/SHE HAVE SKIN RASH? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.2.24)

- a. WAS RASH ALL OVER DECEASED'S BODY?
- b. WAS THE RASH ALSO SEEN ON THE DECEASED'S FACE?
- c. HOW MANY DAYS DID THE RASH LAST?(IN DAYS, 21=21 AND ABOVE, 88=DK).....
- d. DID THE RASH HAVE BLISTERS CONTAINING CLEAR FLUID?.....
- e. DID THE SKIN CRACK/SPLIT OR PEEL AFTER THE RASH STARTED?.....
- f. IN YOUR OPINION COULD THIS ILLNESS HAVE BEEN MEASLES?.....

2.24 DID THE CHILD BECOME VERY THIN?

SECTION 3: ALL DEATHS ABOVE AGE 5

3.1 DID THE DECEASED HAVE ANY OF THE FOLLOWING BEFORE HE/SHE DIED?

- a. HYPERTENSION.....
- b. DIABETES.....
- c. EPILEPSY.....
- d. TB.....
- e. HIV/AIDS.....
- f. HEART DISEASE.....
- g. KIDNEY DISEASE.....
- h. OTHERS (SPECIFY _____)

3.2 DID SHE/HE HAVE FEVER ? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO 3.3)

- a. HOW MANY DAYS DID THE FEVER LAST? (IN DAYS, 21=21DAYS AND +, 88=DK)...
- b. WAS THE FEVER 1=SEVERE OR 2=MILD OR 8=DK?
- c. WAS THE FEVER 1=CONTINUOUS OR 2=ON & OFF OR 8=DK?.....
- d. BACKPAIN AND MYALGIA.....

3.3 DID SHE/HE HAVE A RASH? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.4).....

- a. HOW MANY DAYS DID THE RASH LAST? (IN DAYS, 21=21DAYS AND +, 88=DK).....
- b. WAS THE RASH 1=SEVERE OR 2=MILD?.....
- c. WHAT DID THE RASH LOOK LIKE? (1=MEASLES RASH; 2=RASH WITH CLEAR FLUID; 3=RASH WITH PUS; 4=OTHER _____).....
- d. WHERE WAS THE RASH LOCATED? (1= ON THE FACE; 2= BODY TRUNK; 3= MOUTH; 4= OTHER PLACE [SPECIFY] _____; 8= NOT KNOWN)...
- e. WAS THE RASH PAINFUL ?
- f. DID SHE/HE HAVE SORE EYES TOO?
- g. DID SHE/HE HAVE ITCHING OF THE SKIN?

3.4 HAD SHE/HE LOST WEIGHT BEFORE DEATH? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.5)

- a. WAS THE WEIGHT LOSS 1=SEVERE OR 2=MODERATE?

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3.5 DID HE/SHE HAVE SWELLING IN ANY PART OF THE BODY?

(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.6)

- a. DID HE/SHE HAVE SWELLING AROUND ANKLE? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.c)
- b. HOW LONG DID THE SWELLING LAST? (IN DAYS, 21=21DAYS AND +, 88=DK)
- c. DID HE/SHE HAVE PUFFINESS OF THE FACE?
- d. SWELLING OF ARMPIT.....
- e. SWELLING OF GROIN
- f. OTHER SWELLING OR ULCER.....

3.6 DID HE/SHE HAVE DARK COLORED URINE (COCA-COLA LIKE)?.....

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3.7 DID HE/SHE LOOK PALE (ANAEMIC)?		
3.8 DID HE/SHE HAVE YELLOW EYES?		
3.9 DID DECEASED HAVE COUGH? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.10).....		
a. HOW MANY DAYS DID THE COUGH LAST?(IN DAYS, 21=21 AND +, 88=DK)		
b. WAS THE COUGH PRODUCTIVE (SPUTUM)?		
c. DID HE/SHE COUGH BLOOD?		
3.10 DID SHE/HE HAVE SHORTNESS OF BREATH? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.11)...		
a. HOW MANY DAYS DID THE BREATHLESSNESS LAST? (IN DAYS, 21= 21 AND +, 8=DK).....		
3.11 DID SHE/HE HAVE CHEST PAIN ? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.12).....		
a. WHERE WAS THE PAIN? (1=UPPER LEFT, 2=LOWER LEFT, 3=UPPER RIGHT, 4=LOWER RIGHT, 5=CENTER, 6 = WHOLE CHEST; 8=DK).....		
b. WAS THE PAIN 1=CONTINUOUS OR 2=ON & OFF OR 8= DK?		
3.12 DID SHE/HE HAVE DIARRHOEA? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.13).....		
a. WAS THE DIARRHOEA SEVERE?		
b. HOW MANY DAYS DID THE DIARRHOEA LAST? (IN DAYS, 21=21 AND +, 88=DK).....		
c. WAS THE DIARRHOEA 1=CONTINUOUS OR 2=ON & OFF OR 8=DK?.....		
d. ON THE AVERAGE, HOW MANY TIMES DID HE/SHE PASS STOOL A DAY? (# OF TIMES; 88= DK).....		
e. DID HE/SHE PASS BLOOD IN THE STOOL?		
3.13 DID SHE/HE HAVE VOMITING? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.14).....		
a. HOW MANY DAYS DID THE VOMITING LAST? (IN DAYS, 21=21 AND +, 88= DK)		
b. WAS THE VOMITING 1=CONTINUOUS OR 2=ON & OFF OR 8=DK?		
c. HOW MANY TIMES DID HE/SHE VOMIT A DAY? (8=DK).....		
d. WHAT DID THE VOMITUS LOOK LIKE? (1=WATERY FLUID, 2=YELLOWISH FLUID, 3=COFFEE COLORED FLUID, 4=BLOODY, 5=FOOD PARTICLES, 6=OTHER _____), 8=DK.....		
3.14 DID SHE/HE HAVE ABDOMINAL PAIN? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.15)...		
a. WHAT WAS THE TYPE OF PAIN? (1=CRAMP, 2=DULL ACHE, 3=BURNING PAIN, 4=OTHER, 8=DK).....		
b. WAS THE PAIN 1=CONTINUOUS OR 2=ON & OFF OR 8=DK?		
c. HOW MANY DAYS DID THE PAIN LAST?(IN DAYS, 21= 21 DAYS AND +, 88= DK).....		
d. WHERE EXACTLY WAS THE PAIN? (1= LOWER ABDOMEN; 2= UPPER ABDOMEN; 3= ALL OVER ABDOMEN; 4= OTHER PLACES _____) 8=DK).....		
e. WAS THE ABDOMINAL PAIN, (1= RELIEVED BY MEAL; 2= INCREASED BY MEAL; 3= DID NOT CHANGE WITH MEAL; 8= NO IDEA IF RELATED TO MEAL INTAKE)		
3.15 DID SHE/HE HAVE DISTENSION OF ABDOMEN? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.16).....		
a. WAS THE DISTENSION OF THE ABDOMEN PAINFUL?		
b. WHAT WAS THE TYPE OF PAIN? (1=CRAMP, 2=DULL ACHE, 3=BURNING PAIN, 4=OTHER, 8=DK)...		
c. DID THE DISTENSION DEVELOP 1=RAPIDLY OR 2=SLOWLY OVER TIME OR 8=DK?.....		
d. HOW MANY DAYS DID THE DISTENSION OF THE ABDOMEN LAST?(IN DAYS, 21= 21AND +, 88=DK).		

3.16 DID THE DECEASED HAVE ANY HARD SWELLING IN THE ABDOMEN? IF ANSWER IS 'N=NO' OR 'D=DK' GO TO Q 3.17)		
a. WHERE EXACTLY WAS THE SWELLING? (1= RIGHT UPPER ABDOMEN; 2= LEFT UPPER ABDOMEN; 3= LOWER ABDOMEN; 4 = OTHER PLACES; 8 = DK)		
3.17 DID THE DECEASED HAVE DIFFICULTY IN SWALLOWING? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.18)		
a. HOW MANY DAYS DID HE/SHE HAVE DIFFICULTY SWALOWING? (21=21 DAYS AND ABOVE; 88=DK)		
3.18 DID SHE/HE HAVE HEADACHE?		
3.19 DID SHE/HE HAVE STIFF NECK? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.20).....		
a. FOR HOW MANY DAYS DID HE/SHE HAVE STIFF NECK?(IN DAYS, 21= 21 AND +, 88= DK).....		
3.20 DID SHE/HE EXPERIENCE UNCOUNCIOUSNESS? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.21)		
a. DID THE UNCOUNCIOUSNESS START 1=SUDDENLY OR 2=SLOWLY OVER A FEW DAYS OR 8=DK?.....		
3.21 DID SHE/HE HAVE FITS? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.22).....		
a. HOW MANY DAYS DID SHE/HE HAVE FITS?(IN DAYS, 21= 21 DAYS AND +, 88= DK).....		
b. WHEN THE FITS WERE MOST FREQUENT, HOW MANY FITS PER DAY DID SHE/HE HAVE?.....		
c. BETWEEN FITS, WAS SHE/HE 1=AWAKE OR 2=UNCONSCIOUS OR 8= DK?.....		
3.22 DID SHE/HE HAVE DIFFICULTY IN OPENING THE MOUTH? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q 3.23).		
d. FOR HOW LONG DID HE/SHE HAVE DIFFICULTY TO OPEN THE MOUTH? (IN DAYS; 21=21 AND ABOVE; 88=DK)..		
3.23 DID SHE/HE HAVE STIFFNESS IN THE WHOLE BODY? (IF ANSWER IS '2=NO' OR 'D=DK', GO TO Q.3.24)		
a. HOW MANY DAYS DID THE BODY STIFFNESS LAST? (IN DAYS, 21= 21 DAYS AND +, 88=DK)...		
b. DID THE STIFFNESS DEVELOP 1=RAPIDLY OR 2=SLOWLY OVER TIME OR 8= DK?.....		
3.24 DID THE DECEASED HAVE PARALYSIS? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.25).....		
a. WHERE WAS THE PARALYSIS? (1= BOTH LIMBS; 2= ONE LIMB; 3= BOTH LIMBS AND ARMS; 4= ONE LIMB AND ONE ARM; 5= FAILED TO CONTROL URINE & FECES; 8= DK)		
b. HOW LONG DID THE PARALYSIS LAST? (IN DAYS; 21=21 AND ABOVE; 88= DK).....		

SECTION 5: TREATMENT AND RECORDS

I WOULD LIKE TO ASK A FEW QUESTIONS ABOUT ANY DRUGS THAT THE DECEASED MAY HAVE RECEIVED DURING THE ILLNESS THAT LED TO HIS/HER DEATH.

5.1 DID (NAME) RECEIVE ANY OF THE FOLLOWING BEFORE HER DEATH? (ONLY FOR UNDER FIVE CHILDREN)

- a. ANTIBIOTICS
- b. CHLOROQUINE
- c. ASPIRIN
- d. OTHER (SPECIFY.....)

5.2 DO YOU HAVE ANY HEALTH RECORDS THAT BELONGED TO (NAME)?
 (1=YES, 2=NO, 3=YES, BUT NOT SEEN, 8=NOT KNOWN) (If "2", "3" OR "8" → Q5.3).....

a. DATE AND MOST RECENT WEIGHT ON HEALTH RECORDS (Weight in KG)	DATE							WEIGHT		
	<input type="text"/>									

b. DATE AND 2ND MOST RECENT WEIGHT ON HEALTH RECORDS (Weight in KG)	DATE							WEIGHT		
	<input type="text"/>									

c. RECORD THE DATE OF LAST NOTE:	<input type="text"/>						
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d. RECORD WHAT IS WRITTEN ON THE NOTE:

5.3 WAS A DEATH CERTIFICATE ISSUED? (1=YES, 2=NO, 3=DEATH CERTIFICATE NOT SEEN, 8=NOT KNOWN)(If "1", "3" OR "8" → END TIME).....

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5.4. RECORD THE INFORMATION a-e BELOW FROM THE DEATH CERTIFICATE

- a. IMMEDIATE CAUSE OF DEATH_____
- b. 1ST UNDERLYING CAUSE OF DEATH_____
- c. 2ND UNDERLYING CAUSE OF DEATH_____
- d. 3RD UNDERLYING CAUSE OF DEATH_____
- e. CONTRIBUTING CAUSE(S) OF DEATH_____

5.5 END TIME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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